

PX9

Regus Attachment Q

Spruce River Account Documents

b-2

Online Virtual Office Agreement

Agreement Date : July 27, 2015 Confirmation No : 6420011

Business Center Details

NV, Las Vegas - Town Square

Address 6671 S. Las Vegas Blvd.
Building D, Suite 210
Las Vegas
Nevada
89119
United States of America

Sales Manager Jason Simpson

Client Details

Company Name Spruce River LLC

Contact Name Megan Goodman-Armdt

Address 2011 Cherry Street
Suite 202
Louisville
Colorado
80027
United States of America

Phone +1 303-835-7410

Email megan@bluerocketbrands.com

Virtual Office Payment Details (exc. tax and exc. services)

Virtual Office Type : Malibox Plus

Initial Payment :	First month's fee :	\$ 12.77
	One Time Registration Fee :	\$ 49.00
	Service Retainer :	\$ 188.00
	Total Initial Payment :	\$ 259.77
Monthly Payment :	Total Monthly Payment :	\$ 99.00

Service Provision :	Start Date	July 28, 2015	End Date	July 31, 2016
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All agreements end on the last calendar day of the month.

Terms and Conditions

We are Regus Management Group, LLC, the "Provider". This Agreement incorporates our terms of business set out on the attached Terms and Conditions and House Rules which you confirm you have read and understood. We both agree to comply with those terms and our obligations as set out in them. This agreement is binding from the agreement date and may not be terminated once it is made, except in accordance with its terms. Note that the Agreement does not come to an end automatically. See "Cancellation" section of your terms and conditions.

AGREEMENT TO ARBITRATE; CLASS ACTION WAIVER: Any dispute or claim relating in any way to this agreement shall be resolved by binding arbitration administered by the American Arbitration Association in accord with its Commercial Arbitration Rules (available at www.adr.org), except that you or the Provider may assert claims in small claims court and the Client and the Provider may pursue court actions to remove you, or prevent your removal, from the Center if you do not leave when this agreement terminates. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, or formation of this agreement. The arbitrator shall not conduct arbitration as a class or representative action. The Client and the Provider acknowledge that this agreement is a transaction in interstate commerce governed by the Federal Arbitration Act. The Client and the Provider agree to waive any right to pursue any dispute relating to this agreement in any class, private attorney general, or other representative action.

☒ I accept the terms and conditions[Download the terms and conditions](#)[Download the house rules](#)

☐ We and our preferred partners would like to keep you informed of the latest product news, special offers and other marketing information. If you would like to receive this information then select this box.

Confirm by typing your name in the box below

Name : Megan Goodman-Armdt on behalf of Spruce River LLC

Signed on
July 27, 2016

I confirm these details are correct to the best of my knowledge

Payment Details

Card Type : Visa
Name on Card : Wave Rock, LLC
Card Number : **** * 3043
Expiry Date : 06 16

☒ I authorise the Provider to debit my credit card for the total initial payment above plus applicable TAX/VAT and for all future charges incurred thereafter, unless another form of payment is provided.

This website is secure. Your personal details are protected at all times.

[Print Agreement](#)

Regus Attachment Q-1

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Regus

Virtual Office Agreement

Agreement Date (dd/mm/yyyy)	08 September 2015	Reference No.	6420011
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Business Centre Address	
Town Square Center 2265	
6571 Las Vegas Blvd. S.	
Suite 210	
Las Vegas, NV 89119	
USA	

Client Address (not a Regus Centre Address)	
Company Name:	Spruce River LLC
Contact Name:	Megan Goodman-Arndt
Address:	2011 Cherry Street, Suite 202
Address:	Louisville, CO 80027
Phone & Email:	megan@bluerocketbrands.com 303-835-7410

Payment Details

Standard Virtual Office

Initial Payment	First Month's Fee	249.00	USD
	One Time Registration Fee	-	USD
	Service Retainer	2 498.00	USD
	Total Initial Payment	747.00	USD

Monthly Payment	Total Monthly Payment (Fixed Fee)	249.00	USD
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Length of agreement	Start Date	Sept. 9th, 2015	End Date	July 31st, 2016
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*All agreements end on the last calendar day of the month.

Comments:

On 9/9/15 the Client will upgrade their Virtual Office from a Mailbox Plus to a Standard Virtual Office. The new monthly price will go from \$99 to \$249. The retainer on file is \$198 and a top-up retainer of \$300 is required.

We are Regus Management Group, LLC. ("Regus"). This Agreement incorporates our terms of business set out on attached terms and conditions which you confirm you have read and understood. We both agree to comply with those terms and our obligations as set out in them. This agreement is binding from the agreement date and may not be terminated once it is made, except in accordance with its terms. Note that the Agreement does not come to an end automatically. See "Bringing your Agreement to an end".

Name (printed): Stelios Calver

Title (printed): Vice President

Date: 9-9-15

SIGNED on your behalf (Client)

Name (printed): Kelly Blateman

Title (printed): General Manager

Date: September 8, 2015

SIGNED on our behalf (REGUS)

☐ We would like to keep you informed of the latest product news, special offers and other marketing information from preferred partners. If you would like to receive this information then select this box.

United States Postal Service®
Application for Delivery of Mail Through Agent
 See Privacy Act Statement on Reverse

1. Date 7/30/15

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two forms of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.) <u>Spruce River, LLC</u>		3a. Address to be Used for Delivery (include PMSB or # sign.) <u>6671 S. Las Vegas Blvd. Bldg D</u> 3b. City <u>Las Vegas</u> 3c. State <u>NV</u> 3d. ZIP+4® <u>89119</u>	
4. Applicant authorizes delivery to and in care of: a. Name <u>Regus Management Group</u> b. Address (No., street, apt./ste. no.) <u>6671 Las Vegas Blvd Bldg D, Ste. 210</u> c. City <u>Las Vegas</u> d. State <u>NV</u> e. ZIP+4® <u>89119</u>		5. This authorization is extended to include restricted delivery mail for the undersigned(s): 7a. Applicant Home Address (No., street, apt./ste. no.) 7b. City <u>Louisville</u> 7c. State <u>CO</u> 7d. ZIP+4® <u>80021</u> 7e. Applicant Telephone Number (include area code) 9. Name of Firm or Corporation <u>Spruce River, LLC</u> 10a. Business Address (No., street, apt./ste. no.) <u>6671 S. Las Vegas Blvd. Bldg D, Ste. 210</u> 10b. City <u>Las Vegas</u> 10c. State <u>NV</u> 10d. ZIP+4® <u>89119</u> 10e. Business Telephone Number (include area code) 11. Type of Business <u>E-commerce</u>	
6. Name of Applicant <u>Jaime Hayden</u> 8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification. a. <u>DL# - [redacted]</u> b. <u>Passport # - [redacted]</u> Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.		12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.) 13. If a CORPORATION, Give Names and Addresses of its Officers <u>Jaime Hayden, Manager</u> <u>Louisville, CO 80021</u> 14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration. <u>Spruce River, LLC</u> <u>Nevada July/Aug 2015</u>	
15. Signature of Agent/Notary Public <u>[Signature]</u>		16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.) <u>[Signature]</u>	

PX9

Regus Attachment R

University & Folsom Account Documents

NEW CLIENT INFORMATION:

Company Name: University & Folsom

Clients Name(s): Marnie Baesler

Office Number(s): Virtual Office

Main Number(s): 720-895-1414

Voice Mail Number(s): All calls to vm for now
1414

Client Code: 65732

People Soft Number: 265732

Email Address: mamathajane@yahoo.com

Mailbox# 32

2/8hrs conference

24576-206581

Dear Marnie,

Thank you for your Virtual Office purchase. Your online Regus reference number is 080326-YH80.

A Regus representative will be in touch with you shortly to review the details of your agreement, such as:

- The start date, length of term and location of your Virtual Office purchase
- The final price and payment terms of your Virtual Office purchase
- Answer any questions you may have about the product and/or the location

Please review your personal information and the details of your purchase below.

Your card will be charged in the local currency of your Virtual Office location, after a representative contacts you to reviews your details.

PERSONAL INFORMATION

Title: Ms.

First name: Marnie

Last name: Baesler

Job title: President

Company: University and Folsom, LLC

E-mail: marnathajane@yahoo.com

Phone: 303-888-8924

Street address 1: 6260 Lookout Rd

Street address 2:

City: Boulder

State: Colorado

ZIP/postal code: 80301

Country: United States

PURCHASE DETAILS

Regus online reference number: 080326-YH80

Requested location: Colorado, Englewood - Meridian

Location details:

<http://www.regus.com/locations/US/CO/Englewood/ColoradoEnglewoodMeridian.htm>

Product: Virtual Office (12 month)

Term start date: Friday, March 28, 2008

Length of term: 12 months

Payment method: Credit/debit card

Purchase order number or Broker/agent name:

Quoted currency: US Dollar

Quoted monthly price: USD200.00
Quoted discount: USD0.00
Quoted setup fee: USD99.00
Quoted retainer fee: USD200.00
Quoted first month: USD499.00

Quoted prices above exclude local tax. The quote above is only an indication of the service price. Once a Regus representative contacts you to set up your service, you will then be billed in the local currency of your Virtual Office location, with local sales taxes included.

IF YOU PLACED YOUR ORDER USING A CREDIT CARD, PLEASE FOLLOW THESE TWO STEPS IN ORDER TO ACTIVATE YOUR ACCOUNT:

1. Click on the link below (or copy and paste the URL to the address field of your browser) to download our credit card authorization form, which is required in order to set up your service:

<http://www.regus.com/assets/en-US/help/VOPayAuthorizationRegus.pdf>

2. In order to ensure a secure transaction, to establish your identity, and for fraud-prevention, we must obtain a copy of your credit card and picture identification. You can provide this documentation to us in person or via fax. For additional security, please feel free to strike all of the numbers on your credit card, except the last four digits. Please note: The name on the credit card must match the name on the ID, as well as the name on the agreement. In providing this information to Regus, you consent to our use of it for this purpose.

NOTE: If you are purchasing our Mailbox Plus product at a U.S. business center, the center will provide you with a United States Postal Service form 1583, which is required in order to begin your mail services. You can provide this documentation to us in person or via fax.

Your privacy is our priority:

<http://www.regus.com/assets/help/PrivacyPolicy.pdf>

QUESTIONS?

We're always available to help if you have questions about any of our products. However, please do not respond to this e-mail. Instead, call us from within the United States toll-free at 888 271 4615 or from outside the U.S. at +1 972 776 5350 to talk to a Regus representative, or contact us online at: <https://www.regus.com/contactus/default.htm>

Regards,

Dani Hunt

From: Abby Hawkins [abby@convertismarketing.com]
Sent: Thursday, April 18, 2013 10:00 AM
To: Dani Hunt
Subject: RE: Update contact information for University & Folsom Virtual Office in Englewood, CO

Hi Dani,

I apologize, it has been a little hectic here since Marnie left.

Yes please update me as the contact for the account, my phone number is 303-218-6620 and my title is controller

Thank you!
Abby Hawkins

From: Dani Hunt [mailto:dani.hunt@regus.com]
Sent: Thursday, April 18, 2013 9:41 AM
To: abby@convertismarketing.com
Subject: FW: Update contact information for University & Folsom Virtual Office in Englewood, CO

Good Morning Abby,

I hadn't heard back and am following up with you on my request to update the contact info for University & Folsom.

Please let me know if you have any questions or concerns.

Thank you,


Dani Hunt
Client Service Representative II
Regus
9800 Mt Pyramid Ct, Suite 400, Englewood, Colorado, 80112 USA
T +1 720-895-1900 F +1 720-895-1999 D +1 720-895-1337
dani.hunt@regus.com
www.regus.com



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From: Dani Hunt
Sent: Tuesday, April 16, 2013 3:27 PM
To: 'abby@convertismarketing.com'
Subject: Update contact information for University & Folsom Virtual Office in Englewood, CO

Hi Abby,

Taree gave me your email as the contact person for the above reference virtual office. Could I get your title and a phone number for our system?

Also please do not hesitate to contact me if you should have any questions or concerns yourself.

Thank you,

Dani Hunt
Client Service Representative II
Regus
9800 Mt Pyramid Ct, Suite 400, Englewood, Colorado, 80112 USA
T +1 720-895-1900 F +1 720-895-1999 D +1 720-895-1337
dani.hunt@regus.com
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please contact us for more information

The information in this email is confidential and may be privileged.
If you are not the intended recipient, please destroy this message
and notify the sender immediately.

Regus PLC, 26, Boulevard Royal, L-2449 Luxembourg

Information from ESET NOD32 Antivirus, version of virus signature database 8242 (20130418)

The message was checked by ESET NOD32 Antivirus.

<http://www.eset.com>

_____ Information from ESET NOD32 Antivirus, version of virus signature database 8242 (20130418)

_____ The message was checked by ESET NOD32 Antivirus.

<http://www.eset.com>

Urgent Feb 10

Kimberly Morris

From: Kimberly Morris
Sent: Friday, March 07, 2014 6:32 PM
To: 'abby@convertismarketing.com'
Cc: Margo Kelly
Subject: URGENT - payment overdue for March - services will be suspended on Monday, March 10th - collection pending

Importance: High

Tracking:	Recipient	Delivery
	'abby@convertismarketing.com'	
	Margo Kelly	Delivered: 3/7/2014 6:56 PM

Hi Abby,

Margo has been trying to reach out to you via email and phone. Regrettably, the VISA credit card on file for Blair McNea ending in #8756, Exp. 04/2014 is being declined after multiple attempts.

We have sent you a payment link 3 times which you can make a one-time payment on. You can update and remove your old card on the Regus client portal www.myregus.com by registering (need to acknowledge in your email once you register) and then go back in to card management.

Services will be suspended as of close of business Monday, March 10th and this file will be referred to a collection agency within 10 days thereafter. We sincerely hope to avoid that as you have been a long-term client.

Don't hesitate to call us or stop in for help.

Thank you.

Best regards,

Kim

Kim Morris
General Manager
Regus
9800 MT Pyramid Court Suite 400, Englewood CO 80112, USA
T +1 720 895 1350 F +1 720 895 1999 M +1 720 895 1900 E kjm.morris@regus.com
www.regus.com



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Kimberly Morris

From: Kimberly Morris
Sent: Tuesday, August 19, 2014 6:30 PM
To: 'Danielle Foss'
Cc: Tamara Wattenberg; Maria Roberti
Subject: RE: Hello and additional mail being received on your account under different names ~ Dental Pro Direct and Spark Whitening

Thanks for the clarification, Danielle. We will add you to the account also.

From: Danielle Foss [mailto:danielle@bluerocketbrands.com]
Sent: Tuesday, August 19, 2014 6:22 PM
To: Kimberly Morris; abby@convertismarketing.com
Cc: Tamara Wattenberg; Maria Roberti
Subject: RE: Hello and additional mail being received on your account under different names ~ Dental Pro Direct and Spark Whitening

Hi Kimberly,

I'm the administrator for University & Folsom...basically just manage the day to day items like making sure you always have an up to date payment method, making sure mail is forwarding to the correct address, etc.

Thanks for confirming we're good to go on the Standard Virtual Office.

Although Abby is still around if you have any questions, I'll be your day-to-day contact moving forward. Let me know if you need anything.

Thank you!

Danielle Foss | Blue Rocket Brands
p : 720.238.2418 | f: 303.530.0771



From: Kimberly Morris [mailto:Kimberly.Morris@regus.com]
Sent: Tuesday, August 19, 2014 6:13 PM
To: Danielle Foss; abby@convertismarketing.com
Cc: Tamara Wattenberg; Maria Roberti
Subject: RE: Hello and additional mail being received on your account under different names ~ Dental Pro Direct and Spark Whitening

Hi Danielle,

Thank you for the quick response. So we can update our records correctly, what is your relationship to University and Folsom? I see that your business name is different. We can then add you to the contact database in the appropriate category.

We will be returning mail starting Monday the 25th for parcels received in these two names.

University and Folsom currently has a standard Virtual Office, which includes Mail and small package receipt, reception services, main line answering, two days of day office usage in this location per month, and one complimentary Businessworld Gold card.

We look forward to hearing from you on the outstanding question. Thank you for your business!

Best regards,

Kim

Kim Morris

Coaching General Manager

9800 MT Pyramid Court Ste. 400
Englewood CO 80112

T: +1 720 895 1900 C: +1 720 937 0533

F: +1 720 895 1999

FaceBook: www.facebook.com/regus.workyourway

Twitter: www.twitter.com/RegusBlog

LinkedIn: www.linkedin.com

Connect with Regus



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From: Danielle Foss [<mailto:danielle@bluerocketbrands.com>]

Sent: Tuesday, August 19, 2014 5:38 PM

To: Kimberly Morris

Subject: RE: Hello and additional mail being received on your account under different names ~ Dental Pro Direct and Spark Whitening

Hi Kimberly,

Abby sent this message over to me so I can get this handled for you. Moving forward, feel free to send any requests my way so we can get them taken care of right away.

I spoke to the party we believe is responsible for sending mail to the incorrect name. And we've asked them to address things accordingly in the future. This should relieve the issues moving forward. Thanks for letting us know.

While I have you, can you please confirm whether or not our account is setup as a Standard Virtual Office or if it's just Mailbox Plus?

Thank you!

Danielle Foss | Blue Rocket Brands
p : 720.238.2418 | f: 303.530.0771



From: Kimberly Morris [<mailto:Kimberly.Morris@regus.com>]

Sent: Monday, August 18, 2014 3:58 PM

To: abby@convertismarketing.com

Cc: Tamara Wattenberg; Maria Roberti

Subject: Hello and additional mail being received on your account under different names ~ Dental Pro Direct and Spark Whitening

Importance: High

Hi Abby,

We recently began receiving mail for Marnie Baesler under two new company names: **Spark Whitening Online** and **Dental Pro Project**. The United States Post Office requires that we have a legal binding Service Agreement on each company name.

As a courtesy based on your long term relationship with Regus/HQ, we did forward the mail we received in the last two weeks. We will be unable to do this in the future without a new agreement in place for each name. We offer Mail only agreements for \$79 per month (one month free on 12-month new terms.)

Please give me a call at your earliest convenience to discuss. *After this week's forwarding, we will regrettably have to return mail for these two company names starting next week.*

Thank you.

Best regards,

Kim

Kim Morris
Coaching General Manager

9800 MT Pyramid Court Ste. 400

Englewood CO 80112

T: +1 720 895 1900 C: +1 720 937 0533

F: +1 720 895 1999

FaceBook: www.facebook.com/regus.workyourway

Twitter: www.twitter.com/RegusBlog

LinkedIn: www.linkedin.com

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PX9

Regus Attachment S

Wave Rock Account Documents

Regus

Page 1 of 2



Online Virtual Office Agreement

Agreement Date : Tuesday, December 13, 2011

Confirmation No : 3893077

Business Center Details

AZ, Scottsdale - Gainey Ranch (HQ)

Address 7702 East Doubletree Ranch Rd.
Suite 300
Scottsdale
Arizona
85258
United States of America

Sales Manager Gale Thurstin

Client Details

Company Name Wave Rock

Contact Name Marnie Baesler

Address 6280 Loolout Rd
Boulder
Arizona
80301
United States of America

Phone + () 1 303-888-8924

Email marnie@convertismarketing.com

Virtual Office Payment Details (exc. tax and exc. services)

Virtual Office Type : Standard Virtual Office

Initial Payment :

First month's fee : \$ 0.00

One Time Registration Fee : \$ 99.00

Service Retainer : \$ 438.00

Total Initial Payment : \$ 537.00

Monthly Payment :

Total Monthly Payment thereafter : \$ 219.00

Service Provision : **Start Date** Sunday, January 01, 2012 **End Date** Monday, December 31, 2012

All agreements end on the last calendar day of the month.

Comments: Client will get first month January free

Terms and Conditions

We are Regus Management Group, LLC, "Regus". This Agreement incorporates our terms of business set out on our Terms and Conditions which you confirm you have read and understood. We both agree to comply with those terms and our obligations as set out in them. This agreement is binding from the agreement date and may not be terminated once it is made, except in accordance with its terms. Note that the Agreement does not come to an end automatically. See "Bringing your Agreement to an end".

☒ I accept the terms and conditions

Confirm by typing your name in the box below

Name : Marnie Baesler on behalf of Wave Rock

I confirm these details are correct to the best of my knowledge

Signed on
Wednesday, December 14, 2011

Regus

Page 2 of 2

Annabel Cano

From: Virginia Gaona
Sent: Tuesday, June 03, 2014 1:19 PM
To: Danica Robles
Cc: Susan Mooney; Annabel Cano
Subject: RE: Wave Rock mail forwarding address revised

Good Afternoon Danica,


Thank You for confirming your address. Annabel and I will go ahead and make the change in address for you. If there is anything else we can do for you please don't hesitate to ask.

Best,

Virginia Gaona
Customer Service Representative
Regus
7702 E. Doubletree Ranch Rd., Ste. 300 Scottsdale, AZ 85258 United States of America
(T) +1 480 348 3900 (F) +1 480 348 3999 (E) Virginia.Gaona@Regus.com

www.regus.com

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From: Danica Robles [<mailto:danica@bluerocketbrands.com>]
Sent: Tuesday, June 03, 2014 1:15 PM
To: Virginia Gaona
Subject: Wave Rock mail forwarding address revised

Hello,

Thank you for taking the time to help me I need to have the forwarding address changed for Wave Rock LLC:

OLD:
6260 Lookout Rd,
Boulder CO 80301

NEW:
2011 Cherry St, Suite 202
Louisville CO 80027

Also can you send me that list of other companies that also are attached to this acct?

Thanks again and look forward to hearing from you soon

Danica

PX9

Regus Attachment T

Wheeler Peak Marketing Account Documents



Online Virtual Office Agreement

Agreement Date : May 07, 2014 Confirmation No : 5561463

Business Center Details

NV, Henderson - The District at Green Valley Parkway

Address 170 S. Green Valley Parkway
Suite 300
Henderson
NEVADA
89012
United States of America

Sales Manager Kyrone Corbin

Client Details

Company Name Wheeler Peak Marketing LLC

Contact Name Danica Robles

Address 1333 W 120th Ave
Suite 222
Westminster
Colorado
80234
United States of America

Phone 303-503-2077

Email Danica@bluerocketbrands.com

Virtual Office Payment Details (exc. tax and exc. services)

Virtual Office Type : Standard Virtual Office

Initial Payment :	First month's fee :	\$ 200.81		
	One Time Registration Fee :	\$ 0.00		
	Service Retainer :	\$ 0.00		
	Total Initial Payment :	\$ 200.81		
Monthly Payment :	Total Monthly Payment :	\$ 249.00		
Service Provision :	Start Date	May 07, 2014	End Date	May 31, 2015

All agreements end on the last calendar day of the month.

Comments:

* Virtual Office Set Up Fees Waived - Total Savings of \$ 99.00

Customer is not required to pay the standard set up fee for their virtual office(s)

* No Retainer - Total Savings of \$ 498.00

Customer is not required to pay the standard retainer for the initial term of this agreement.

Terms and Conditions

We are Regus Management Group, LLC, the "Provider". This Agreement incorporates our terms of business set out on our Terms and Conditions which you confirm you have read and understood. We both agree to comply with those terms and our obligations as set out in them. This agreement is binding from the agreement date and may not be terminated once it is made, except in accordance with its terms. Note that the Agreement does not come to an end automatically. See "Cancellation" section of your terms and conditions.

AGREEMENT TO ARBITRATE; CLASS ACTION WAIVER: Any dispute or claim relating in any way to this agreement shall be resolved by binding arbitration administered by the American Arbitration Association in accord with its Commercial Arbitration Rules (available at www.adr.org), except that you or the Provider may assert claims in small claims court and the Client and the Provider may pursue court actions to remove you, or prevent your removal, from the Center if you do not leave when this agreement terminates. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, or formation of this agreement. The arbitrator shall not conduct arbitration as a class or representative action. The Client and the Provider acknowledge that this agreement is a transaction in interstate commerce governed by the Federal Arbitration Act. The Client and the Provider agree to waive any right to pursue any dispute relating to this agreement in any class, private attorney general, or other representative action.

☒ I accept the terms and conditions

Michelle Hargis

From: Neva <neva@revlive.net>
Sent: Friday, January 06, 2017 2:14 PM
To: Henderson District
Subject: Information update

Follow Up Flag: Follow up
Flag Status: Completed

Hello,

I just spoke with a gentleman on the phone and was advised to send an email requesting our account information be updated.

For Wheeler Peak marketing, LLC

- New forwarding address: 2011 Cherry Street Suite 202 Louisville, CO 80027
- New Contact: Cristy Blackburn
- New phone: 303.835.9910
- Email: accounting@bluerocketbrands.com

Thank you,
Neva Archuleta

PX10

Records Certification of Moneris Inc.

CERTIFICATION OF RECORDS OF REGULARLY CONDUCTED ACTIVITY
Pursuant to 28 U.S.C. § 1746

1. I, Karen Allen, have personal knowledge of the facts set forth below and am competent to testify as follows:
2. I have authority to certify the authenticity of the records produced by Moneris Solutions and attached hereto.
3. The documents produced and attached hereto by Moneris Solutions are originals or true copies of records of regularly conducted activity that:
 - a) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
 - b) Were kept in the course of the regularly conducted activity of Moneris Solutions; and
 - c) Were made by the regularly conducted activity as a regular practice of Moneris Solutions.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on January 9, 2017.

Karen Allen
Signature

PX10

Moneris Attachment A

Absolutely Working Account Documents



MERCHANT EZ APPLICATION

Additional Location ☐ Yes ☒ No

(If Applicable)

Name of Account (Doing Business As)

Contact

Tax Filing Name (Same as Legal Name)

Are you a Foreign Entity?

FIRSTCLASSWHITENINGGLOBAL

MEGAN NOSEL

ABSOLUTELY WORKING LLC

☐ Yes ☒ No

Address (No PO Box)

Legal Address (No PO Box)

1810 E SAHARA AVENUE, SUITE 1535

City, State/Province, Zip/Postal Code

ERIE

CO

80516

City, State/Province, Zip/Postal Code

LAS VEGAS

NV

89104

DBA Phone NO.

(800) 392-3911

Retrieval Method: ☐ Mail ☐ Fax
☐ EIDS ☒ Mail & EIDS ☐ Auto Fax & EIDS

Client Contact

MEGAN NOSEL

Phone NO.

(800) 392-3911

Fax NO.

Mailing Name and Address (if different from above)

ATTN:

1810 E SAHARA AVENUE, SUITE 1535 LAS VE

Website Address

www.firstclasswhiteningglobal.com/

Merchant Customer Service
Phone Number

(800) 392-3911

Merchant
Email Address

MEGAN@FIRSTCLASSWHITENINGGLOBAL.COM

MERCHANT PROFILE

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☒ Limited Liability Company (LLC) ☐ Not for Profit
☐ Private Corporation ☐ Public Corporation - Ticker SymbolPricing based on: ☐ Retail ☐ Mail/Telephone ☒ eComm Basic ☐ eComm Preferred (VBV) ☐ IVR ☐ Restaurant ☐ Utilities ☐ Other (Explain)Percent of
Business:

Card Swiped

0.0

Mail Order/Telephone

0.0

eCommerce

100.0

Manual Key Entry with
Imprint, Customer PresentOne Time Event: ☐ Yes ☒ No DateSeasonal Sales: ☐ Yes ☒ No

High Volume Months

Dollar Volume \$

Describe goods
or services sold.

TEETH WHITENING PRODUCT

When are your services
or products delivered? Within: ☐ 1 Day ☒ 1 Week ☐ 30 Days ☐ OtherIs merchant currently or has merchant previously been in any Card Brand
chargeback or fraud monitoring program? (If yes please explain)

NO

Current PCI DSS Compliance Status
(Please explain)TAXPAYER IDENTIFICATION NO. ☒ FEIN ☐ SSN ☐ GST

Number of Locations

Years in Business

Years Owned Business

2

7

5

2

1

9

3

1

7

1

5.06

5.06

OWNERS/OFFICERS: Three largest owner(s) by percentage of total ownership

NAME (1)

MEGAN NOSEL

Title

MANAGER

Percentage Ownership

Email Address

MEGAN@FIRSTCLASSWHITENINGGLO

Social Security # / Insurance #

Date of Birth

1986

Driver's License #

Home Phone

Mobile Phone

Home Address

☐ Own
☐ Rent

City

ERIE

State/Province

CO

Zip/Postal Code

80516

Years There

NAME (2)

Title

Percentage Ownership

Email Address

%

Social Security # / Insurance #

Date of Birth

Driver's License #

Home Phone

Mobile Phone

Home Address

☐ Own
☐ Rent

City

State/Province

Zip/Postal Code

Years There

NAME (3)

Title

Percentage Ownership

Email Address

%

Social Security # / Insurance #

Date of Birth

Driver's License #

Home Phone

Mobile Phone

Home Address

☐ Own
☐ Rent

City

State/Province

Zip/Postal Code

Years There

BANK INFORMATION (Primary Settlement Account)

Bank Name

GUARANTY BANK

Contact

MANAGER

Phone NO.

(800) 235-4636

Fax NO.

Transit #

(ABA Routing)

DDA #

(Checking/Savings)

2917

SECOND BANK INFORMATION (If applicable)

Bank Name

Contact

Phone NO.

Fax NO.

Transit #

(ABA Routing)

DDA #

(Checking/Savings)

PREPARED BY FIELD SALES REP

Email

FIELD SALES ID

Prepared by Inside Sales Rep (if applicable)

INSIDE SALES ID

Range #

Book Number

Corporate Field

Chain #

2 0 5 0 7 0 2 0 1 0 0 1

BMO Harris Bank N.A.

Member FDIC
Equal Housing Lender
of BMO Harris Bank N.A.

1064

Moneris Attachment A MF-082015

Additional Location <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Partner Name (If Applicable)	APP ID
MID		

Do you currently accept credit cards? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, you should submit 3 most recent months' statements)		<input type="checkbox"/> AutoDebit Only <input type="checkbox"/> SPS-EFT <input type="checkbox"/> Other	
Name of Current Processor RMS, Paysafe, Select Bank		Reason Leaving _____	
CREDIT CARD: Average Ticket Size \$ 40.00	Max Ticket Size \$ 130.00	Annual Volume \$ 600000.0	<input type="checkbox"/> Program Code: _____ <input type="checkbox"/> Promo Code: _____

☐ Gross ☐ Net ☒ Gross & Gross

Rates and fees are based on proposed volume of transactions listed in Merchant's application and above, and corresponding levels of interchange applicable thereto, and are subject to adjustment by Bank or Card Associations based upon actual volume levels and qualifications for interchange. Early Term Initiation Fee is calculated based on the greater of Two Hundred Fifty Dollars (\$250) or Bank's average monthly volume derived from processing Merchant's transactions (based on an average of the highest three (3) months of processing volume during the previous or current term of the Agreement, whichever is greater), multiplied by .003, multiplied by the number of full and partial months remaining in the term of the Agreement. Certain administrative charges may be assessed as specified in Sections 5 and 10 of this Agreement. If Merchant elects an option other than "All Cards" but later submits a transaction in another category, Bank will process the transaction pursuant to the terms of this Agreement, and assess the appropriate fee. Gross billing is defined as fees charged on gross sales volume. Gross/Gross billing is defined as fees charged on gross sales volume and credit volume. Net billing is defined as fees charged on net sales volume. Rewards Discount Rate for sales and credits: An additional 0.25% over the credit Qualified, Mid-Qualified, Non-Qualified Discount Rates.

VISA®*		MASTERCARD®*	
Acquirer Processing Fee	Currently \$0.02 per authorization.	Network Access Usage Fee	Currently \$0.02 per transaction.
International Fee (IAF)	Currently 0.45% or 0.90% per settled transaction based on your merchant category code.	Cross-Border Fee	Currently 0.60% of MasterCard International Sales Volume.
ISA Fee	Currently 0.80% of Visa International Sales Volume.	Acquirer Program Support Fee	Currently 0.25% of MasterCard International Sales Volume.
Cash Advance Fee (ISA)	Currently 0.40% of Visa International Sales Volume.	Assessment Fee	Currently 0.12% of sales volume <i>(an additional fee will be added for transactions > \$1,000. Currently 0.016%)</i>
Misuse of Auth Fee	Currently \$0.045 per authorization.	Acct Status Inq SVC Interregional	\$0.625 per transaction.
Zero Floor Limit Fee	Currently \$0.10 per Visa transaction without proper authorization.	Acct Status Inq SVC Interregional	\$0.03 per transaction.
Credit Assessment Fee	Currently 0.13% of sales volume.	Processing Integrity Fee	\$0.935 per authorization <i>(that is not cleared or reversed)</i> .
Debit Assessment Fee	Currently 0.11% of sales volume.	Digital Enablement Fee	Currently 0.01% of MasterCard Card Not Present Sales Volume.
Transaction Integrity Fee	Currently \$0.10 per txn needed.	DISCOVER®*	
Network Fee CP (Card Present)	Varies based on # of locations.	Data Usage Fee	Currently \$0.02 per transaction.
Network Fee CNP (Card Not Present)	Varies based on CNP volume.	International Processing Fee	Currently 0.40% per settled international transaction.
PULSE®		International Service Fee	Currently 0.55% per settled international transaction.
Pulse Debit Network Annual Fee	Currently \$9.00	Assessment Fee	Currently 0.110% of sales volume.
STAR®		AMERICAN EXPRESS®*	
STAR Debit Network Annual Fee	Currently \$6.00	Network Fee	Currently 0.15% per sales transaction.
		Non-Swiped Transaction Fee	Currently 0.35% per non-swiped sales transaction.
		Inbound Fee	Currently 0.40% per international sales transaction.

Moneris Attachment A-2



MERCHANT EZ APPLICATION

☐ Pre-Note ☐ MCC

Additional Location <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Partner Name (If Applicable)	APP ID
MID		

CARD NOT PRESENT INFORMATION (If Applicable)

For merchants who process MORE THAN 20% of their bankcard transactions, or volume, without physically swiping the credit card, we ask that you complete the following information in its entirety:

Provide a full description of the product or service you provide to the cardholder:

at home teeth whitening on a negative option, trial and continuity basis

How will you receive cardholder data? ☐ Phone ☐ Fax ☒ Internet ☐ Mail

For Internet orders, please provide us with your active URL: firstclasswhiteningglobal.com

(If site is not active, please provide a test site with a user name and password if one is needed. Please also note that for our internet merchants, we ask that your website meet specific security and disclosure criteria)

When do you typically charge the cardholder? ☒ BEFORE or ☐ AFTER the product/service is provided to the cardholder

What is your general breakdown of billing?

100 % At time of purchase ☐ % Monthly ☐ % Quarterly ☐ % Annually ☐ % Other, explain:

What is the average amount of time (in days) that it will take for the cardholder to receive the product/service? 3 (days)

What is your target geographic area? 75 % United States ☐ % Canada 25 % Other: UK / AUS

For your product/service, do you outsource any of the following? ☐ Customer Service ☐ Product Shipment ☐ Handling of Returns ☐ Cardholder Billing ☒ Fulfillment House

If Yes to any of the above, please list the name(s), address(es) and phone number(s) of those fulfillment organizations:

1. SEE FULFILLMENT AGREEMENT

2.

For merchants who receive cardholder data from the Internet, please advise if any part of your website is outsourced to a third party? Common examples include:

☐ Shopping Cart ☐ Hosting Solutions ☐ Gateway ☐ Cardholder Data Storage ☐ Other, explain:

In some cases, we may require certifications from those third parties confirming their compliance in protecting cardholder data.

REFUND POLICY: ☐ No Refunds ☒ Refund Within 30 Days ☐ Damaged/Defective Merchandise Only ☐ Restocking Fee Charged ☐ Store Credit Only
☐ Return Authorization Required (RMA/RMAA) ☐ Other

Should Merchant alter or change any aspect of the business from that described herein, or if any information changes, without prior notice to and approval by Bank, then Merchant will be subject to termination. Also, Merchant agrees to obtain, abide by, and fully comply with protecting cardholder data as described at www.pcscsecuritystandards.org.

PERSONAL GUARANTY

Name of Guarantor:

Megan Nosal

Merchant Name:

First Class Whitening Global

To induce BMO Harris Bank N.A., Moneris Solutions, Inc. (collectively "Bank"), and Sage Payment Solutions EFT and all other Moneris Solution third party providers to enter into the Merchant Services Agreement and/or any agreements for SPS-EFT services (the "SPS-EFT Agreements"), the Guarantor(s) indicated below jointly and severally, unconditionally and irrevocably, guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Bank and SPS-EFT (collectively, the "Guaranty Recipients") pursuant to the Merchant Services Agreement and the SPS-EFT Agreements (collectively, the "Agreements"), as they now exist or as amended from time to time, with or without notice. This guaranty is a guaranty of payment, and not of collection, and a debt of Guarantor for his or her own account. Accordingly, none of the Guaranty Recipients shall be required before enforcing this guaranty against Guarantor (1) to pursue any right or remedy any of the Guaranty Recipients may have against Merchant or any other Guarantor; (2) to make any claim in a liquidation or bankruptcy of Merchant or any other Guarantor of these obligations; or (3) to make demand of the Merchant or any other Guarantor of these obligations or to seek to enforce or realize upon any collateral security held by any of the Guaranty Recipients which may secure these obligations. The guaranty shall not be discharged or otherwise affected by any waiver, indulgence, compromise, settlement, extension of credit, or variation of terms of the Agreements. I/We waive any notice of acceptance of this guaranty, notice of non-payment or non-performance of any provision of the Agreements by Merchant, and all other notices or demands regarding the Agreements. I/We agree to promptly provide to the Guaranty Recipients any information requested from time to time concerning my/our financial condition, business history, business relationships and employment information. This guaranty will not be discharged or affected by the death of the Guarantor(s), will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of the Guaranty Recipients. Guarantor(s) understand that the Inducement to the Guaranty Recipients to enter into the Agreements is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

Signature of Guarantor, as an individual

X Megan Nosal
Printed Name and Home Address of Guarantor

megan nosal 5310 NE COUNTY LINE ROAD ERIE, CO 80516

MERCHANT AUTHORIZATION AND ACCEPTANCE

The owner, officer, partner, or member signing this Merchant Application (the "Signing Party") represents that the Signing Party is authorized to sign the Merchant Application (the "Application") and enter into the Merchant Services Agreement (the "Agreement"). The Signing Party also represents and warrants that the Application and all information and documentation submitted in connection with the Agreement is true, complete and correct. All requested information must be provided for the Application to be processed. If the information provided on the Application or elsewhere cannot be verified, then the Application may be denied. Merchant and its owner have authorized, and shall continue to authorize Bank, Moneris, their third party providers and their representatives and affiliates to obtain and verify any financial and credit information regarding Merchant and its owner, and to share such information amongst Bank, Moneris, their third party providers and their affiliates and their representatives.

Notice: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an Agreement. This means that when you enter into an Agreement we will ask for name, address, date of birth and other information that will allow us to identify you or the entity on whose behalf you are signing.

MERCHANT HAS READ AND UNDERSTANDS ALL OF THE TERMS OF THE AGREEMENT SET FORTH ON THE MONERIS AGREEMENT WEBSITE (<https://www.monerisusa.com/terms-and-conditions>) AND ACCEPTS AND AGREES WITH ALL SUCH TERMS. IF BANK AND/OR MONERIS AGREE TO PROVIDE SERVICES TO MERCHANT, SUBMISSION OF ANY TRANSACTIONS OR ITEMS TO BANK, MONERIS OR ITS THIRD PARTY PROVIDERS CONSTITUTES CONSENT TO THE AGREEMENT TERMS AND CONDITIONS AND THE TERMS AND CONDITIONS RELATED TO ANY OTHER SERVICES MERCHANT HAS ELECTED TO RECEIVE.

SIGNATURE FOR MERCHANT:

By: Megan Nosal
(Authorized Signature)

Telephone:

NAME (Please Print) Megan Nosal

Title: Manager

Date: 3/15/16

FOR OFFICE USE ONLY (Merchant - Do Not Sign Below)

BMO Harris Bank N.A.

Moneris Solutions, Inc.

By: Authorized Representative

By: Authorized Representative

BMO Harris Bank N.A. Moneris is a registered agent of BMO Harris Bank N.A.

4 of 4

MSFRI-OCG-APP-082015

CASH ONLY IF ALL "CheckLock" SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

Absolutely Working, LLC
1810 E Sahara Ave, Suite 1535
Las Vegas, NV 89104

GUARANTY BANK AND TRUST COMPANY
23-096/1020

1000

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

MEMO _____

VOID

⑈001000⑈ [REDACTED] 2917⑈

Details on Back

Intuit® CheckLock™ Secure Check

Absolutely Working, LLC

1000

Absolutely Working, LLC

1000

PAYMENT
RECORD

PX11

Records Certification of Priority Payment Systems Inc.

CERTIFICATION OF RECORDS OF REGULARLY CONDUCTED ACTIVITY
Pursuant to 28 U.S.C. § 1746

1. I, Christopher S. Prince, have personal knowledge of the facts set forth below and am competent to testify as follows:
2. I have authority to certify the authenticity of the records produced by Priority Payment Systems and attached hereto.
3. The documents produced and attached hereto by Priority Payment Systems are originals or true copies of records of regularly conducted activity that:
 - a) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
 - b) Were kept in the course of the regularly conducted activity of Priority Payment Systems; and
 - c) Were made by the regularly conducted activity as a regular practice of Priority Payment Systems.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on March 2, 2017.


Signature

PX11

PPS Attachment A

Brass Triangle Account Documents

MERCHANT APPLICATION


GMA
 Global Merchant Advisors

 Merchant # 2097
☒ New Location ☐ Additional Location

3000 S. Robertson Blvd • Ste 295 • Los Angeles, CA 90034

310-220-0624 • Fax 310-602-6282

www.globalmerchantadvisors.com

 Merchant Accepts Donate Wise Now® ☐ Yes ☒ No

By checking yes and signing this application and agreement, you indicate your acceptance of the Greenwise GreenSuite and DonateWiseNow Program terms and conditions.

(Note: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. See terms and conditions for further information.)

Business Information

Legal Name (as it appears on your income tax return): Brass Triangle, LLC		Name of Account (Doing Business As): www.trimxtsecrets.com	
Legal Address: 4600 E. Washington St., Ste. 300		Physical Street Address (No P.O. Box): 4600 E. Washington St., Ste. 300	
City: Phoenix	State: AZ	Zip: 85034	
City: Phoenix	State: AZ	Zip: 85034	
Phone #: (802) 903-4075	Contact: Megan Goodman-Armdt	DBA Phone #: (888) 528-9205	Fax #: ()
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address		E-Mail Address: megan@trimxtsecrets.com	
Federal Tax # (as it appears on your income tax return): 4 5 5 0 7 6 5 3 6		# of Locations 1	
Years in Business 6 months		Years Owned Business 6 months	
Place of Legal Formation: Arizona		Country of Primary Business Operations: USA	
Bank Reference: JPMorgan Chase, NA		Contact: Joe Rodriguez	Phone #: (480) 970-7097

Owners or Officers: Individual Ownership Must be Equal to or Greater than 50%

Name: 1. Megan Goodman-Armdt	Title: Manager	Date of Birth: -1977	Applicant's SS #:	% Equity Ownership: 80 %
Residence Address:	City: Firestone	State: CO	Zip: 80504	# Years: 10
US Government Issued ID#:	Type of ID: CO Drivers License	Expiration Date: 2042-13	Country of Citizenship (if not US):	Home Phone:
Name:	Title:	Date of Birth:	Applicant's SS #:	% Equity Ownership:
Residence Address:	City:	State:	Zip:	# Years:
US Government Issued ID#:	Type of ID:	Expiration Date:	Country of Citizenship (if not US):	Home Phone:

Business Profile Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc/Estates/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government <input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input checked="" type="checkbox"/> Single Member LLC <input type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other: Type of Goods or Services Sold: weight loss products SIC Code: Do you currently accept Discover @/Visa/Mastercard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you should submit 3 current months' statements.) Name of Current Processor: Meritrus, Trust One Has Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy? <input type="checkbox"/> Yes Date: <input checked="" type="checkbox"/> No		Sales Profile Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Home Based <input type="checkbox"/> Other Discover/Visa/MasterCard Sales Profile (Be Accurate): Card Swipe % Manual Key Entry with Imprint, Card Present % Mail Order/Telephone % Internet 100 % Total = 100%	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Business Trade Suppliers: List Two Name: Address: Contact: Phone #: United One Int'l Labs Farmers Branch, TX James Mitchell (972) 490-3300 Name: Address: Contact: Phone #: Pacific Naturals Burbank, CA Stefanie Danhi (818) 303-9315			
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

Merchant Site Survey Report To Be Completed by Sales Representative Merchant Location: <input type="checkbox"/> Retail Location with Store Front <input checked="" type="checkbox"/> Office Building <input type="checkbox"/> Internet <input type="checkbox"/> Residence <input type="checkbox"/> Other Area Zoned: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential Square Footage: <input checked="" type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+ Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: The Merchant: <input type="checkbox"/> Owns <input checked="" type="checkbox"/> Leases the Business Premises Landlord Name & Phone #: Theresa Larsen Further Comments by Inspector (Must Complete)			
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

 Verified and Inspected by: [Signature] Office #: Representative #: Representative Signature: [Signature] Date: 10-15-12
 X X
 PPS Attachment A-1 While Copy - Bank • Pink Copy - Merchant
 Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL
 Page 1 of 10
 Rev2, 10/01/2011

Discover / Visa / Mastercard Standard Retail / High Retail Rates

Merchant Chooses to accept the following:

DISC/VS/MC (Other Cards) Discount Rate: _____ %
 VS/MC Debit Card Discount Rate: _____ %
 AMEX Discount Rate: _____ %

Fees

DISC/VS/MC Transaction Fee: _____ Per Item
 Non-Bankcard Transaction Fee: _____ Per Item
 Statement Fee: \$10.00 Monthly
 VIMAS Online Service: _____ Monthly
 Monthly Minimum: \$35.00 Monthly
 Annual Fee: \$99.00 Per Year
 Debit Transaction Fee Plus Network Fees: _____ Per Item
 EBT Transaction Fee: _____ Per Item
 EBT Statement Fee: \$5.00 Monthly
 Batch Fee: \$0.25 Per Batch
 Manual Imprinter: QTY: _____ One Time
 Chargeback Fee: \$35.00 Per Item
 ACH Reject Fee: \$25.00 Per Item
 Retrieval Fee: \$5.00 Per Item
 Voice Authorization Fee: \$0.95 Per Call
 Gateway Access Fee: \$10.00 Monthly
 AVS Surcharge: \$0.10 Per Item
 Government Compliance Fee: \$8.95 Monthly
 TIN Mismatch Fee: \$325.00 Until Validated
 Early Termination Fee: \$495.00 One Time

Misc Fees:	Start Mo/Yr:	Amount:	Terms:
#1			
#2			
#3			
#4			

I/We understand and agree that while my/our discount rate as stated above will be charged on most electronically authorized payment card transactions that are in batches closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples where higher rates apply include but are not limited to are MOTD, keyed in transactions, transactions without AVS, business and foreign card transactions. 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Risk Identification Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. Do you use a third party to store or transmit Cardholder data? ☒ Yes ☐ No. Give name /address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any Software used for storing, transmitting or processing Card Transaction or Authorization requests _____

Merchant Benefits Club

☒ Yes, I want to participate in the optional Merchant Benefits Club which includes equipment support and replacement for an additional \$14.99 per terminal/cipherat per month. Initials: X

American Express

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize ESA and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agents, subcontractors, Affiliates, and other parties for any purpose permitted by law. I authorize and direct ESA and American Express and American Express's agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon American Express's approval of the application, the entity will be provided with the Agreement and materials welcoming it to American Express's Card acceptance campaign.

☐ Retail - \$0.10 Trans Fee + 0.30% CNP Downgrade Services ☐ Wholesale & All Other - \$0.15 Trans Fee

Signature: X

Date:

Debit/Credit Authorization: Include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynargy Data, LLC, ("Processor") or BMO Harris Bank, N.A., ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entities in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This Automated Clearing House authorization cannot be revoked until all Merchant obligations under this Agreement are satisfied, and Merchant gives Cynargy Data written notice of revocation.

DDA:

ABA Routing:

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual credit or financial responsibility. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.

AVERAGE TICKET SIZE: 37.00

AVERAGE MONTHLY VOLUME: 50,000.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank, N.A., Chicago, IL. By signing below you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

Individual Guaranty - No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREE AND ACCEPTED

[Signature] 10/12/2012
 #1 From Application - Signature Date

X
 #2 From Application - Signature Date

For All Businesses - Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Brass Triangle, LLC

Print Legal Name of Merchant Business
[Signature] 10/12/2012

#1 From Application - Signature Date

X
 #2 From Application - Signature Date

X
 Accepted by Processor Date

X
 Accepted by BMO Harris Bank, N.A., Chicago, IL PPSISL000380 Date

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund / Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!!!! You must contact your sales representative immediately upon completing the above 7 internet processing requirements!

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochure, promotional materials, product catalogue, etc. How will product be advertised or promoted?

If advertising on Internet, list website address: www. www.trimxtsecrets.com

Preferred 23 character (or less) DBA Identifier (appears on customers' billing statement)

t r i m x t s * w t 8 8 8 5 2 8 9 2 0 5

List name(s) and address(es) of vendor from which the product is purchased:

United One International Laboratories Farmers Branch, TX and Pacific Naturals Burbank, CA

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

Sniper Solutions, 7251 W. Lake Mead Blvd., Ste. 300, Las Vegas, NV 89128 702-562-4218

List geographical area(s) in which the product or service will be marketed and sold: US, Canada, UK

List carrier services that will deliver product or service: USPS

What is your return or refund policy? full refund of product price within 30 days of shipment date

How does the customer order the product or service? via the internet

When you receive an authorization, how long before merchandise is shipped or services are provided? same business day

Do you perform recurring monthly billing? ☒ Yes ☐ No If Yes, ☒ Monthly ☐ Quarterly ☐ Bi-annual ☐ Annual

Is your database collecting entire credit card numbers? ☒ Yes ☐ No If Yes, are you PCI compliant? ☒ Yes ☐ No

This amendment is made by & between BMO Harris Bank, N.A., Chicago, IL ('Bank'), & the undersigned "MERCHANT" & subject to the approval of BANK. WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/ services to customers; and

WHEREAS: BANK and MERCHANT has entered into BMO Harris Bank, N.A., Chicago, IL ('Bank') VISA/MasterCard Processing Agreement ('Agreement'). NOW THEREFORE in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

DATE: 10/12/12

Megan Goodman-Arndt

OWNER / OFFICER

Authorized BMO Harris Bank, N.A. Agent

Megan Goodman-Arndt

Print Name

Print Name



TRANSUNION CONSUMER CREDIT REPORT

Subscriber Name: GLOBAL MERCH
 Subscriber Code/Market: F 5756620 12 01
 Results Issued: 10/19/12 17:36 CT

INPUT PARAMETERS FOR PRIMARY SUBJECT

Reference ID: [REDACTED]
 SSN: [REDACTED]
 Name: Goodman, Megan
 Current Address: [REDACTED]
 Firestone CO.80504

GOODMANARNDT, MEGAN E.

Also Known As:

ARNDT,MEGAN,E
 GOODMAN,MEGAN,E
 GOODMAN,ARNDT,MEGAN

SSN: [REDACTED]

Phone: [REDACTED]

In File Since: 11/95

Date of Birth: [REDACTED]

Current Address:

FIRESTONE CO. 80504

Reported 8/02

Previous Address:

LONGMONT CO. 80503

Reported 2/12

Previous Address:

LONGMONT CO. 80503

EMPLOYMENT

CONVERTIS

Position: CUST SERV REP

Start:
End:In File Since: 1/09
Effective: 1/09

ALERTS AND SPECIAL MESSAGES

Type

ID MISMATCH ALERT

Explanation

INPUT SURNAME DOES NOT MATCH FILE SURNAME

SCORING

Type

FICO CLASSIC 08

Score

Explanation

CREDIT INFORMATION Summary (Total History)

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Form 1040 Department of the Treasury—Internal Revenue Service (99) 2011 U.S. Individual Income Tax Return		OMB No. 1545-0074	IRS Use Only—Do not write or stamp in this space.
For the year Jan. 1-Dec. 31, 2011, or other tax year beginning		, 2011, ending	, 20
Your first name and initial Brian T		Last name Arndt	
If a joint return, spouse's first name and initial Megan E		Last name Goodman-Arndt	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no. [REDACTED]	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Longmont CO 80503		See separate instructions. Your social security number [REDACTED] Spouse's social security number [REDACTED]	
Foreign country name		Foreign province/county	Foreign postal code
Filing Status 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Exemptions 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input checked="" type="checkbox"/> Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ✓ If child under age 17 qualifying for child tax credit (see instructions)		Boxes checked on 6a and 6b: 2 No. of children on 6c who: • lived with you 2 • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶ 4	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>		d Total number of exemptions claimed 4	
Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a Taxable amount 16a Pensions and annuities 16a Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a Taxable amount 21 Other income. List type and amount CANCELED DEBT INCOME 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		7 8a b 9a b 10 11 12 13 14 15b 16b 17 18 19 20b 21 22	
Adjusted Gross Income 23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ▶ 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income ▶		23 24 25 26 27 28 29 30 31a 32 33 34 35 36 37	

Brass Triangle, LLC
4600 E Washington St, Suite 300
Phoenix, AZ 85034

JPMORGAN CHAS & CO. BANK, NA
Arizona
91-0021221

1000

PAY TO THE
ORDER OF

\$

DOLLARS

VOID

MEMO

⑈001000⑈

8174⑈

Brass Triangle, LLC

1000

Brass Triangle, LLC

1000



BRASS TRIANGLE LLC
6260 LOOKOUT RD
SUITE 100
Boulder, CO 80301

DATE

09904

90-78/1211

PAY TO THE
ORDER OF



BANK OF AMERICA

FOR

VOID

\$

DOLLARS


Pay to the order of
09/25/2014
09/25/2014
1-800-432-2265

0241 09904

PX11

PPS Attachment B

Bridge Ford Account Documents

MERCHANT APPLICATION					
		Merchant # _____ <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> New Location <input checked="" type="checkbox"/> Additional Location </div> 11835 W. Olympic Blvd • Ste 650E • Los Angeles, CA 90064 Tel: 310.220.0624 • Fax: 310.602.6282 www.gmapay.com WCH*WhiteningCoachAtHome			
Business Information <small>Note: Your Business Legal Name and Tax ID Number must be entered exactly as it appears on your income tax return or on your SS4. Employer Identification Number (EIN) later to avoid fees and income withholding by the IRS.</small>					
Legal Name (as it appears on your income tax return): Bridge Ford, LLC			Name of Account (Doing Business As): Whitening Coach at Home		
Legal Address: 871 Coronado Center Dr. Suite 200			Physical Street Address (No P.O. Box): 871 Coronado Center Dr. Suite 200		
City: Henderson	State: NV	Zip: 89052	City: Henderson	State: NV	Zip: 89052
Phone #: (888) 895-4363	Contact: Emily McEvoy		DBA Phone #: (888) 895-4363	Fax #: (303) 530-0771	
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address		E-Mail Address: emily@whiteningcoachathome.com		Website Address: www.WhiteningCoachAtHome.com	
Federal Tax # 275221236	# of Locations 1	Years In Business 3	Years Owned Business 3		
Place of Legal Formation: Nevada			Country of Primary Business Operations: USA		
Bank Reference: Bank of the West		Contact: Penny Smith	Phone #: (303) 652-3800		
Owners or Officers - Individual Ownership Must be Equal to or Greater than 50%					
Name: 1. Emily McEvoy		Title: Manager	Date of Birth: 8/83	Applicant's SS #: [REDACTED]	% Equity Ownership: 80
Residence Address: [REDACTED]		City: Denver	State: CO	Zip: 80203	# Years: 10 Mo
US Government Issued ID#: [REDACTED]	Type of ID: DL	Expiration Date: 2015	Country of Citizenship (if not US): [REDACTED]		Home Phone: [REDACTED]
Name: 2.		Title:	Date of Birth:	Applicant's SS #:	% Equity Ownership:
Residence Address:		City:	State:	Zip:	# Years:
US Government Issued ID#:	Type of ID:	Expiration Date:	Country of Citizenship (if not US):		Home Phone:
		mm/dd/yyyy			()
Business Profile			Sales Profile		
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc/Estates/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government <input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input type="checkbox"/> Single Member LLC <input checked="" type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other _____			Merchant Type: Discover/Visa/MasterCard Sales Profile Be Accurate:		
Type of Goods or Services Sold: Teeth Whitening			<input type="checkbox"/> Restaurant Card Swipe %		
Do you currently accept Discover/Visa/Mastercard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, you should submit 3 current month's statements)</small>			<input type="checkbox"/> Lodging Manual Key Entry with Imprint %		
Name of Current Processor: GMA			<input type="checkbox"/> Service Card Present %		
Has Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy? <input type="checkbox"/> Yes Date: _____ <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Internet Mail Order/Telephone %		
			<input type="checkbox"/> Home Based Internet 100 %		
			<input type="checkbox"/> Other Total = 100 %		
Business Trade Suppliers - List Two					
Name: Sunshine Health	Address: Oakland Park, FL	Contact: Ralph Morton	Phone #: (954) 493-5469		
Name: Verifi	Address: Los Angeles, CA	Contact: Shane Lynch	Phone #: (323) 655-5789		
Merchant Site Survey Report - To Be Completed by Sales Representative					
Merchant Location: <input type="checkbox"/> Retail Location with Store Front <input type="checkbox"/> Office Building <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Residence <input type="checkbox"/> Other _____ Area Zoned: <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+					
Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: _____					
The Merchant: <input checked="" type="checkbox"/> Owns <input type="checkbox"/> Leases the Business Premises Landlord Name & Phone #: N/A					
Further Comments by inspector (Must Complete)					
I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.					
Verified and Inspected by:		Office #: 12478	Representative	Representative Signature:	Date: 7/3/14
X					

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

**My Merchants Benefits Club**

► American Express

Estimate Annual American Express Charge Volume \$ _____ Average Ticket \$ _____

☐ American Express USA

Existing ESA/E _____ Merchant CAP _____

Payment Rate _____ % Per Transaction Fee \$ _____

OR

PrePaid Discount Rate _____ % PrePaid Per Transaction Fee \$ _____

☐ 12 Month option for merchants under \$5,000 – mandatory for Internet-Physical Delivery, MOTO and Home-Based regardless of volume (ESA program only)

☐ New American Express OnePoint

Discount Rate _____ % Per Transaction Fee \$ _____

PrePaid Discount Rate _____ % PrePaid Per Transaction Fee \$ _____

All fees are applicable to OnePoint and ESA unless otherwise stated.
Card Not Present (CNP) Fee 0.50% Discount
Merchant Fee 0.40% Discount for all Cross-Border Transactions

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Cynegy Data, LLC and American Express Travel Related Services Company, Inc. (ATSP), and AMP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agents, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Cynegy Data, LLC and AMP and AMP's agents and Affiliates to inform the entity, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AMP to use the reports on the form consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting www.americanexpress.com/optout or contacting American Express at 1-800-628-0282.

I understand that upon AMP's approval of this application, the entity will be provided with the Agreement and materials welcoming it either to AMP's program for Cynegy Data, LLC to perform services for AMP (OnePoint) or to AMP's standard Card acceptance program (ESA) which has different servicing terms (e.g. different speeds of pay).

If qualified for OnePoint, I acknowledge that Cynegy Data will provide merchant instructions on accessing the American Express Terms and Conditions (Agreement for American Express® Card Acceptance American Express OnePoint® Program) and the American Express Merchant Regulations – U.S., including any updates to these regulations as they are made available via <http://www.merchantadvisors.com/merchantadvisors>. Specific instructions will be delivered to the entity via a welcome letter that will be forthcoming upon account approval.

I understand that if the entity does not qualify for the Cynegy Data, LLC. servicing program that the entity may be enrolled in AMP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

Merchant Signature _____ Date _____

► Debit/Credit Authorization – Include a voided check or bank letter verifying bank account information

Merchant authorizes Cynegy Data, LLC ("Processor") or BMO Harris Bank N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entities in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This automated clearing House authorization cannot be revoked until all Merchant obligations under this agreement are satisfied, and Merchant gives Cynegy Data written notice of revocation.

DDA: 2444 ABA Routing:

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual guarantor(s) or from any other person or entity with financial responsibilities under this agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. By signing below, or clicking I accept, Merchant represents that the information provided in this Application is true, complete and not misleading in any way.

AVERAGE TICKET SIZE: \$39.09 AVERAGE MONTHLY VOLUME: \$50,000.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 54 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank N.A., Chicago, IL. By signing below, you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. These provisions must be read before signing. By signing below, you agree to the terms on the front and back of the MERCHANT Processing Agreement and the merchant operating guide.

► Individual Guaranty – No Titles

As a primary indentment in Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, all kind of heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understands that the endorsement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive an additional benefit from the guaranty.

AGREED AND ACCEPTED:

X Paul S. McG 6/18/14
#1 From Application – Signature Date

X
#2 From Application – Signature Date

► For All Businesses – Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here with named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Bridge Ford, LLC
Print Legal Name of Merchant Business
X Paul S. McG 6/18/14
#1 From Application – Signature Date

X
#2 From Application – Signature Date

X
Accepted by Processor Date

X
Accepted by BMO Harris Bank N.A., Chicago, IL Date

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund / Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!!! You must contact your sales representative immediately upon completing the above 7 internet processing requirements!

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochure, promotional materials, product catalogue, etc. How will product be advertised or promoted?
Internet

If advertising on Internet, list website address: www.whiteningcoachathome.com

Preferred 23 character (or less) DBA Identifier (appears on customers' billing statement)

B F C O A C H * W T E 8 8 8 8 9 5 4 3 6 3

List name(s) and address(es) of vendor from which the product is purchased:
Sunshine Health, Oakland Park FL and Onatech, SLC UT

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:
Rev Go Fulfillment, 7565 Commercial Way, Unit E, Henderson, NV 89011

List geographical area(s) in which the product or service will be marketed and sold: US, CAN, UK

List carrier services that will deliver product or service: USPS, Globegistics

What is your return or refund policy? RMA required, full refund if canceled within 30 days of shipment

How does the customer order the product or service? www.whiteningcoachathome.com

When you receive an authorization, how long before merchandise is shipped or services are provided? 1-3 days

Do you perform recurring monthly billing? ☒ Yes ☐ No If Yes, ☒ Monthly ☐ Quarterly ☐ Bi-annual ☐ Annual
Is your database collecting entire credit card numbers? ☐ Yes ☒ No If Yes, are you PCI compliant? ☒ Yes ☐ No

This amendment is made by & between BMO Harris Bank, N.A., Chicago, IL ("Bank"), & the undersigned "MERCHANT" & subject to the approval of BANK. WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/ services to customers; and

WHEREAS: BANK and MERCHANT has entered into BMO Harris Bank, N.A., Chicago, IL (Bank) VISA/MasterCard Processing Agreement (Agreement). NOW THEREFORE, in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.25 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

DATE: 6/18/14

OWNER/OFFICER:

Authorized BMO Harris Bank, N.A. Agent

Print Name:

Print Name

CASH ONLY IF ALL CASHALLOY SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

Bridge Ford, LLC
871 Colorado Center, Suite 200
Henderson, NV 89052

VECTRA BANK COLORADO, NA

1000

23/015/1020

PAY TO THE ORDER OF

VOID

\$

DOLLARS

001000 [REDACTED] 79150

Check on Back: VECTRA BANK COLORADO, NA
Secure Check

BRIDGE FORD LLC
6260 LOOKOUT RD STE 100
Boulder, CO 80301

09901

DATE

90-78/1211

PAY TO THE
ORDER OF



BANK OF AMERICA

FOR

VOID

\$

DOLLARS



2444 09901

**MERCHANT ACCOUNT CHANGE REQUEST FORM****CURRENT INFORMATION**

DATE: 6/5/15 MID: [REDACTED] 7002
DBA NAME: Whitening Coach at Home
LEGAL NAME: Bridge Ford, LLC
DBA ADDRESS: 871 Coronado Center Drive, Suite 200
Henderson, NV 89052

CHANGE(S) REQUESTED (Please check all applicable)

___ DBA Name: _____

___ DBA Address: _____

___ DBA Phone Number: _____

___ DBA Fax Number: _____

___ Mailing Address: _____

___ Email Address: _____

___ Web Address: _____

Bank Account Changes **Provide a Copy of a Pre-Printed Voided Check

☒ New Routing Number: [REDACTED]

☒ New Account Number: [REDACTED] 77915

All changes that are requested must be signed by the person who signed the original merchant application. (Owner of the merchant account)

Print Name: Emily McEroy

Signature: [Signature]



www.brockcpas.com



August 30, 2013

Blair McNea
Bridge Ford, LLC
[REDACTED]
Boulder, CO 80301

Dear Blair:

Enclosed is your 2012 partnership tax return, as follows...

2012 U.S. RETURN OF PARTNERSHIP INCOME

Schedules K-1 are included and should be immediately forwarded to the respective partners.

The return was prepared from the information furnished by you. Please review before filing to ensure there are no omissions or misstatements of material facts.

Your returns have been prepared for electronic filing. You must sign and return the efile authorization forms to our office as explained in the filing instructions. Your copy should be retained for your files for a minimum of three years from the due date or extended due date of the return.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very truly yours,

BROCK AND COMPANY, CPAs. P.C.

2012 TAX RETURN FILING INSTRUCTIONS**U.S. RETURN OF PARTNERSHIP INCOME****FOR THE YEAR ENDING**December 31, 2012

Prepared for	Blair McNea Bridge Ford, LLC [REDACTED] Boulder, CO 80301
Prepared by	Brock and Company, CPAs, P.C. 900 S Main Street, Suite 200 Longmont, CO 80501
To be signed and dated by	A member manager of the LLC
Amount of tax	Not applicable
Mail tax return to	This return has been prepared for electronic filing. To have it transmitted electronically to the IRS, please sign, date, and return Form 8879-PE to our office. We will then submit your electronic return.
Forms to be distributed to partners	
Return must be mailed on or before	Not applicable
Special Instructions	<p>Do not mail the paper copy of the return to the IRS.</p> <p>You should provide a paper copy of the Schedules K-1 to the respective partners immediately. If you choose to distribute these schedules electronically, you must distribute them in accordance with the specific requirements contained in IRS Revenue Procedure 2012-17, which generally requires the prior written consent of the partner. Please contact us if you need assistance regarding these requirements.</p>

1065Form
Department of the Treasury
Internal Revenue Service**U.S. Return of Partnership Income**

OMB No. 1545-0099

For calendar year 2012, or tax year beginning _____, ending _____
EXTENSION GRANTED TO 09/16/13**2012**

A Principal business activity CREDIT CARD PROCESSING		D Employer identification number 27-5221236
B Principal product or service CREDIT CARD PROCESSING	Print or type	E Date business started 02/24/2011
C Business code number 525990		F Total assets \$ 17,254.
Name of partnership BRIDGE FORD, LLC		
Number, street, and room or suite no. If a P.O. box, see the instructions. 871 CORONADO PRKWY, SUITE 200		
City or town, state, and ZIP code HENDERSON NV 89052		

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
 (6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) ▶

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **2**

J Check if Schedules C and M-3 are attached ☐

Caution. Include *only* trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	125,177.		
	b Returns and allowances	1b	14,052.		
	c Balance. Subtract line 1b from line 1a			1c	111,125.
	2 Cost of goods sold (attach Form 1125-A)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	111,125.
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6	
Deductions (see the instructions for limitations)	7 Other income (loss) (attach statement)			7	
	8 Total income (loss). Combine lines 3 through 7			8	111,125.
	9 Salaries and wages (other than to partners) (less employment credits)			9	3,000.
	10 Guaranteed payments to partners			10	
	11 Repairs and maintenance			11	
	12 Bad debts			12	
	13 Rent			13	2,412.
	14 Taxes and licenses		14	353.	
	15 Interest			15	
	16 a Depreciation (if required, attach Form 4562)	16a			
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c	
	17 Depletion (Do not deduct oil and gas depletion.)			17	
	18 Retirement plans, etc.			18	
	19 Employee benefit programs			19	
20 Other deductions (attach statement)			20	104,996.	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21	110,761.	
22 Ordinary business income (loss). Subtract line 21 from line 8			22	364.	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.				
	Signature of general partner or limited liability company member manager	Date	May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CRAIG CHANEY				P00163210
	Firm's name ▶ BROCK AND COMPANY, CPAS, P.C.			Firm's EIN ▶ 84-0930288	
	Firm's address ▶ 900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501			Phone no. 303-776-2160	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2012)

Schedule B	Other Information
-------------------	--------------------------

1 What type of entity is filing this return? Check the applicable box:		Yes	No	
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership			
c <input checked="" type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership			
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other <input type="checkbox"/>			
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?		X		
3 At the end of the tax year:				
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership			X	
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X		
4 At the end of the tax year, did the partnership:				
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below			X	
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock	
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			X	
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details			X	
6 Does the partnership satisfy all four of the following conditions?				
a The partnership's total receipts for the tax year were less than \$250,000.				
b The partnership's total assets at the end of the tax year were less than \$ 1 million.				
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.				
d The partnership is not filing and is not required to file Schedule M-3			X	
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.				
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?			X	
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?			X	
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?			X	
10 At any time during calendar year 2012, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country.			X	

Form **1065** (2012)

Form 1065 (2012) **BRIDGE FORD, LLC****27-5221236** Page **3****Schedule B** Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership.		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return.		
18a Did you make any payments in 2012 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return.		
20 Enter the number of partners that are foreign governments under section 892.		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	BRAZILIAN SKIN SECRETS, LLC	Identifying number of TMP	27-5223316
If the TMP is an entity, name of TMP representative	BLAIR MCNEA	Phone number of TMP	
Address of designated TMP	7251 WEST LAKE MEAD BLVD, SUITE 300 LAS VEGAS, NV 89128		

Form **1065** (2012)

SCHEDULE B-1
(Form 1065)
 (Rev. December 2011)
 Department of the Treasury
 Internal Revenue Service

**Information on Partners Owning 50% or
 More of the Partnership**

OMB No. 1545-0099

▶ Attach to Form 1065. See instructions.

Name of partnership

Employer identification number

BRIDGE FORD, LLC

27-5221236

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
EMILY SPRINGMANN		UNITED STATES	80.00

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 12-2011)

651112

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

For calendar year 2012, or tax

year beginning

ending

2012**Partner's Share of Income, Deductions, Credits, etc.**

▶ See separate instructions.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

Part I Information About the Partnership**A** Partnership's employer identification number
27-5221236**B** Partnership's name, address, city, state, and ZIP code**BRIDGE FORD, LLC**
871 CORONADO PRKWY, SUITE 200
HENDERSON, NV 89052**C** IRS Center where partnership filed return
E-FILE**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's identifying number
27-5223316**F** Partner's name, address, city, state, and ZIP code**BRAZILIAN SKIN SECRETS, LLC**
7251 WEST LAKE MEAD BLVD, SUITE 300
LAS VEGAS, NV 89128**G** ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member**H** ☒ Domestic partner ☐ Foreign partner**I1** What type of entity is this partner? **PARTNERSHIP****I2** If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	20.0000000%	20.0000000%
Loss	20.0000000%	20.0000000%
Capital	20.0000000%	20.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	16,919.

L Partner's capital account analysis:

Beginning capital account	\$	-106.
Capital contributed during the year	\$	
Current year increase (decrease)	\$	73.
Withdrawals & distributions	\$	
Ending capital account	\$	-33.

☐ Tax basis ☒ GAAP ☐ Section 704(b) book
☐ Other (explain)
M Did the partner contribute property with a built-in gain or loss?☐ Yes ☒ No

If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss) 73.	15 Credits
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	18 Tax-exempt income and nondeductible expenses
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	19 Distributions
9b Collectibles (28%) gain (loss)	
9c Unrecaptured sec 1250 gain	20 Other information
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss) A 73. C 22,225.	

*See attached statement for additional information.

For IRS Use Only

PX11

PPS Attachment C

Bridge Ford Account Documents

MERCHANT APPLICATION


GMA
 Global Merchant Advisors
Merchant # 2097☒ New Location ☐ Additional Location

3000 S. Robertson Blvd • Ste 295 • Los Angeles, CA 90034

310-220-0624 • Fax 310-602-6282

www.globalmerchantadvisors.com

Merchant Accepts Donate Wise Now® ☐ Yes ☐ No

By checking yes and signing this application and agreement, you indicate your acceptance of the Greenwise GreenSuite and DonateWiseNow Program terms and conditions.

☒ **Business Information** Note: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations.
 (See Terms and Conditions for further information)

Legal Name (as it appears on your income tax return): Bridge Ford, LLC			Name of Account (Doing Business As): www.skinnylqenterprises.com		
Legal Address: 871 Coronado Center Dr Suite 200			Physical Street Address (No P.O. Box): 871 Coronado Center Dr Suite 200		
City: Henderson	State: NV	Zip: 89052	City: Henderson	State: NV	Zip: 89052
Phone #: (702) 932-2644	Contact: Emily Springmann		DBA Phone #: (800) 505-8390	Fax #: ()	
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address		E-Mail Address: emily@skinnylqenterprises.com	Website Address: www.skinnylqenterprises.com		
Federal Tax # (as it appears on your income tax return): 275221236	# of Locations: 1	Years in Business: 1.75	Years Owned Business: 1.75		
Place of Legal Formation: Nevada			Country of Primary Business Operations: USA		
Bank Reference: JPMorgan Chase, NA		Contact: Julio Jauregui	Phone #: (702) 259-0796		

☒ **Owners or Officers: Individual Ownership Must be Equal to or Greater than 50%**

Name: 1. Emily Springmann	Title: Manager	Date of Birth: [REDACTED] 1983	Applicant's SS #: [REDACTED]	% Equity Ownership: 80 %
Residence Address: [REDACTED]	City: Longmont	State: CO	Zip: 80504	# Years: 2.5
US Government Issued ID#: [REDACTED]	Type of ID: CO Drivers License	Expiration Date: 2015	Country of Citizenship (if not US): [REDACTED]	Home Phone: [REDACTED]
Name: 2.	Title:	Date of Birth:	Applicant's SS #:	% Equity Ownership:
Residence Address:	City:	State:	Zip:	# Years:
US Government Issued ID#:	Type of ID:	Expiration Date:	Country of Citizenship (if not US):	Home Phone:

☒ **Business Profile**
 Type of Ownership: ☐ Sole Proprietor ☐ Assoc/Estates/Trusts ☐ Joint Venture ☐ Government
☐ Corporation (Privately Traded) ☐ Corporation (Publicly Traded) ☐ Medical or Legal Corp
☐ Partnership ☐ Tax Exempt Org ☒ Single Member LLC ☐ Multi Member LLC ☐ Civic Assoc
☐ Limited Partnership ☐ Political Org ☐ Other:
Type of Goods or Services Sold: weight loss products SIC Code:Do you currently accept Discover @/Visa/Mastercard?
☒ Yes ☐ No

(If yes, you should submit 3 current months' statements.)

Name of Current Processor:
PowerPayHas Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy?
☐ Yes Date: ☒ No☒ **Sales Profile**

Merchant Type:

☐ Retail
☐ Restaurant
☐ Lodging
☐ Service
☒ Internet
☐ Home Based
☐ Other
Discover/Visa/MasterCard Sales Profile
(Be Accurate):

Card Swipe	%
Manual Key Entry with Imprint, Card Present	%
Mail Order/Telephone	%
Internet	100 %
Total =	100 %

☒ **Business Trade Suppliers - List Two**

Name: United One Int'l Labs	Address: Farmers Branch, TX	Contact: James Mitchell	Phone #: (972) 490-3300
Name: Pacific Naturals	Address: Burbank, CA	Contact: Stefanie Danhl	Phone #: (818) 303-9315

☒ **Merchant Site Survey Report - To Be Completed by Sales Representative**

Merchant Location: <input type="checkbox"/> Retail Location with Store Front <input type="checkbox"/> Office Building <input type="checkbox"/> Internet <input type="checkbox"/> Residence <input type="checkbox"/> Other	Area Zoned: <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential	Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+
Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If No, explain:		
The Merchant: <input type="checkbox"/> Owns <input checked="" type="checkbox"/> Leases the Business Premises		
Landlord Name & Phone #: Regus [REDACTED]		
Further Comments by Inspector (Must Complete)		

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

 Verified and Inspected by: x M. Boucher Office #: Representative #: Representative Signature: x M. Bouch Date: 10-18-12

Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates

Merchant Chooses to accept the following:

DISC/S/MC (Other Cards) Discount Rate: _____ %
 V/S/MC Discount Rate for Debit Cards: _____ %
 AMEX Discount Rate: _____ %

Fees

DISC/S/MC Transaction Fee: _____ Per Item
 Non-Bankcard Transaction Fee: _____ Per Item
 Statement Fee: \$10.00 Monthly
 VIMAS Online Service: _____ Monthly
 Monthly Minimum: \$35.00 Monthly
 Annual Fee: \$99.00 Per Year
 Debit Transaction Fee Plus Network Fees: _____ Per Item
 EBT Transaction Fee: _____ Per Item
 EBT Statement Fee: \$5.00 Monthly
 Batch Fee: \$0.25 Per Batch
 Manual Imprinter: QTY: _____ One Time
 Chargeback Fee: \$35.00 Per Item
 ACH Reject Fee: \$25.00 Per Item
 Retrieval Fee: \$5.00 Per Item
 Voice Authorization Fee: \$0.95 Per Call
 Gateway Access Fee: \$10.00 Monthly
 AVS Surcharge: \$0.10 Per Item
 Government Compliance Fee: \$8.95 Monthly
 TIN Mismatch Fee: \$325.00 Until Validated
 Early Termination Fee: \$495.00 One Time

Misc Fees:	Start Mo/Yr:	Amount:	Terms:
#1			
#2			
#3			
#4			

1) I/we understand and agree that while my/our discount rate as stated above will be charged on most electronically authorized payment card transactions that are in batches closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples where higher rates apply include but are not limited to are MOTO, keyed in transactions, transactions without AVS, business and foreign card transactions. 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Risk Identification Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross-Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. Do you use a third-party to store or transmit Cardholder data? ☐ Yes ☒ No. Give name/address (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any Software used for storing, transmitting or processing Card Transaction or Authorization requests.

Merchant Benefits Club

☒ Yes, I want to participate in the optional Merchant Benefits Club which includes equipment support and replacement for an additional \$14.99 per terminal/terminal per month. Initials: X

American Express

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize ESA and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agents, subcontractors, Affiliates, and other parties for any purpose permitted by law. I authorize and direct ESA and American Express and American Express's agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon American Express's approval of the application, this entity will be provided with the Agreement and materials welcoming it to American Express's Card acceptance campaign.

☐ Retail - \$0.10 Trans Fee + 0.30% CNP Downgrade Services

☐ Wholesale & All Other - \$0.15 Trans Fee

Signature: X

Date:

Debit/Credit Authorization - Include a voided check or bank letter verifying bank account information

Merchant authorizes Cynergy Data, LLC. ("Processor") or BMO Harris Bank, N.A., ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This Automated Clearing House authorization cannot be revoked until all Merchant obligations under this Agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA:

ABA Routing:

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual credit or financial responsibility. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.

AVERAGE TICKET SIZE: 37.00AVERAGE MONTHLY VOLUME: 50,000.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank, N.A., Chicago, IL. By signing below you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

Individual Guaranty - No Titles

As a primary Inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understands that the Inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED

X [Signature] 10/15/2012

#1 From Application - Signature Date

X [Signature]

#2 From Application - Signature Date

For All Businesses - Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Bridge Ford, LLC

Print Legal Name of Merchant Business

X [Signature] 10/15/2012

#1 From Application - Signature Date

X [Signature]

#2 From Application - Signature Date

X [Signature]

Accepted by Processor Date

X [Signature]

Accepted by BMO Harris Bank, N.A., Chicago, IL Date

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

Rev.2. 10/01/2011

Page 2 of 10

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund / Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!!!! You must contact your sales representative immediately upon completing the above 7 Internet processing requirements!

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochure, promotional materials, product catalogue, etc. How will product be advertised or promoted?

If advertising on Internet, list website address: www. www.skinnyqenterprises.com

Preferred 23 character (or less) DBA Identifier (appears on customers' billing statement)

SKINNYIKABF8005066390

List name(s) and address(es) of vendor from which the product is purchased:

United One International Laboratories Farmers Branch, TX and Pacific Naturals Burbank, CA

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

Wave Rock, 7702 E. Doubletree Ranch, Ste. 300, Scottsdale, AZ 85258 480-607-4352

List geographical area(s) in which the product or service will be marketed and sold: US, Canada, UK

List carrier services that will deliver product or service: USPS

What is your return or refund policy? full refund of product price within 30 days of shipment date

How does the customer order the product or service? via the Internet

When you receive an authorization, how long before merchandise is shipped or services are provided? same business day

Do you perform recurring monthly billing? ☒ Yes ☐ No If Yes, ☒ Monthly ☐ Quarterly ☐ Bi-annual ☐ Annual

Is your database collecting entire credit card numbers? ☒ Yes ☐ No If Yes, are you PCI compliant? ☒ Yes ☐ No

This amendment is made by & between BMO Harris Bank, N.A., Chicago, IL ("Bank"), & the undersigned "MERCHANT" & subject to the approval of BANK. WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/ services to customers; and

WHEREAS: BANK and MERCHANT has entered into BMO Harris Bank, N.A., Chicago, IL ("Bank") VISA/MasterCard Processing Agreement ("Agreement"). NOW THEREFORE in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

DATE: 10/15/2012

OWNER / OFFICER

Authorized BMO Harris Bank, N.A. Agent

Emily Springmann

Print Name

Form 1040 Department of the Treasury—Internal Revenue Service (99) 2011		OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.	
For the year Jan. 1–Dec. 31, 2011, or other tax year beginning , 2011, ending , 20			
Your first name and initial Robert L		Last name McEvoy	
If a joint return, spouse's first name and initial Emily R		Last name Springmann	
Home address (number and street). If you have a P.O. box, see instructions. <div style="background-color: black; width: 100px; height: 1.2em;"></div>		Apt. no. <div style="background-color: black; width: 100px; height: 1.2em;"></div>	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Longmont CO 80504		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/county	
Foreign postal code		Foreign postal code	
Filing Status			
1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child			
Exemptions			
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse			
c Dependents:			
(1) First name Last name		(2) Dependent's social security number	
(3) Dependent's relationship to you		(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>		Boxes checked on 6a and 6b 2 No. of children on 6c who: • lived with you _____ • did not live with you due to divorce or separation (see instructions) _____ Dependents on 6c not entered above _____	
d Total number of exemptions claimed		Add numbers on lines above ▶ 2	
Income			
7 Wages, salaries, tips, etc. Attach Form(s) W-2		7	
8a Taxable interest. Attach Schedule B if required		8a	
b Tax-exempt interest. Do not include on line 8a		8b	
9a Ordinary dividends. Attach Schedule B if required		9a	
b Qualified dividends		9b	
10 Taxable refunds, credits, or offsets of state and local income taxes		10	
11 Alimony received		11	
12 Business income or (loss). Attach Schedule C or C-EZ		12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13	
14 Other gains or (losses). Attach Form 4797		14	
15a IRA distributions		15a	
b Taxable amount		15b	
16a Pensions and annuities		16a	
b Taxable amount		16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18 Farm income or (loss). Attach Schedule F		18	
19 Unemployment compensation		19	
20a Social security benefits		20a	
b Taxable amount		20b	
21 Other income. List type and amount		21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22	
Adjusted Gross Income			
23 Educator expenses		23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		24	
25 Health savings account deduction. Attach Form 8889		25	
26 Moving expenses. Attach Form 3903		26	
27 Deductible part of self-employment tax. Attach Schedule SE		27	
28 Self-employed SEP, SIMPLE, and qualified plans		28	
29 Self-employed health insurance deduction		29	
30 Penalty on early withdrawal of savings		30	
31a Alimony paid b Recipient's SSN ▶		31a	
32 IRA deduction		32	
33 Student loan interest deduction		33	
34 Tuition and fees. Attach Form 8917		34	
35 Domestic production activities deduction. Attach Form 8903		35	
36 Add lines 23 through 35		36	
37 Subtract line 36 from line 22. This is your adjusted gross income ▶		37	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA

REV 02/22/12 TTD

Form 1040 (2011)

CASH ONLY IF ALL CASHALLOY SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

Bridge Ford, LLC
871 Colorado Center, Suite 200
Henderson, NV 89032

VECTRA BANK COLORADO, NA

1000

23-015/1620

PAY TO THE ORDER OF

VOID

\$

DOLLARS

001000 [REDACTED] 779150

Printed on Back: VECTRA BANK
Secure Check

Bridge Ford, LLC
871 Coronado Center, Suite 200
Henderson, NV 89052

JPMORGAN CHASE BANK, NA
90-7182/3222

1004

PAY TO THE
ORDER OF

\$

DOLLARS

⑈001004⑈




⑈8.82⑈

Bridge Ford, LLC

1004

Bridge Ford, LLC

1004

BRIDGE FORD LLC 6260 LOOKOUT RD STE 100 BOULDER, CO 80301		0928
		23-101/1020
DATE		
PAY TO THE ORDER OF		\$
		DOLLARS
CHASE JPMorgan Chase Bank, N.A. www.Chase.com		 Security Features Included. Details on Back.
MEMO		MP
		 3065010928

**MERCHANT ACCOUNT CHANGE REQUEST FORM**

CURRENT INFORMATION	
DATE: <u>6/5/15</u>	MID: <u>[REDACTED] 3235</u>
DBA NAME: <u>Skinny IQ Enterprises</u>	
LEGAL NAME: <u>Bridge Ford, LLC</u>	
DBA ADDRESS: <u>871 Coronado Center Drive, Suite 200</u> <u>Henderson, NV 89052</u>	

CHANGE(S) REQUESTED (Please check all applicable)

___ DBA Name: _____

___ DBA Address: _____

___ DBA Phone Number: _____

___ DBA Fax Number: _____

___ Mailing Address: _____

___ Email Address: _____

___ Web Address: _____

Bank Account Changes **Provide a Copy of a Pre-Printed Voided Check☒ New Routing Number: [REDACTED]☒ New Account Number: [REDACTED] 7915

All changes that are requested must be signed by the person who signed the original merchant application. (Owner of the merchant account)

Print Name: Emily McEroySignature: Emily S. McEroy

PX11

PPS Attachment D

Desert Gecko Account Documents

MERCHANT APPLICATION



Merchant # _____

☐ New Location ☐ Additional Location

2900 Bristol Street • F-201 • Costa Mesa, CA 92626

Tel: 866.634.3044

www.cardflexnow.com

Merchant Accepts GreenSuite – DonateWiseNow ☐ Yes ☐ No

By checking yes and signing this application and agreement, you indicate your acceptance of the GreenSuite and DonateWiseNow Program terms and conditions.

Business Information

Note: Your Business Legal Name and Tax ID Number must be entered exactly as it appears on your Income Tax Return or on your SS4-Employer Identification Number (EIN) letter to avoid fees and income withholding by the IRS.

Legal Name (as it appears on your income tax return): Desert Gecko, LLC		Name of Account (Doing Business As): Todays Whitening Trend	
Legal Address: 1 E. Washington St., Ste. 300, Phoenix		Physical Street Address (No P.O. Box): 1 E. Washington St., Ste. 300	
City: Phoenix	State: AZ	Zip: 85004	City: Phoenix
Phone #: (602) 533-2840	Contact: Sarah Austin	DBA Phone #: (800) 630-6329	Fax #: (303) 530-0774
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address		E-Mail Address: sarah@todayswhiteningtrend.com	
Website Address: www.todayswhiteningtrend.com			
Federal Tax # 415107141141	# of Locations 1	Years In Business 3	Years Owned Business 1
Place of Legal Formation: Arizona		Country of Primary Business Operations: USA	
Bank Reference: First Bank		Contact:	Phone #: (303) 530-1000

Owners or Officers – Individual Ownership Must be Equal to or Greater than 50%

Name: 1. Sarah Austin	Title: Manager	Date of Birth: 1986	Applicant's SS #:	% Equity Ownership: 80
Residence Address:	City: Boulder	State: CO	Zip: 80301	# Years: 10
US Government Issued ID#:	Type of ID: CO DL	Expiration Date: 2019	Country of Citizenship (if not US):	Home Phone:
Name: 2.	Title:	Date of Birth:	Applicant's SS #:	% Equity Ownership:
Residence Address:	City:	State:	Zip:	# Years:
US Government Issued ID#:	Type of ID:	Expiration Date: mm/dd/yyyy	Country of Citizenship (if not US):	Home Phone:

Business Profile

Sales Profile

Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc/Estates/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government		Merchant Type:	Discover/Visa/MasterCard Sales Profile
<input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp		<input type="checkbox"/> Retail	Be Accurate:
<input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input checked="" type="checkbox"/> Single Member LLC <input type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc		<input type="checkbox"/> Restaurant	Card Swipe %
<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other		<input type="checkbox"/> Lodging	Manual Key Entry with Imprint, %
Type of Goods or Services Sold: teeth whitening		<input type="checkbox"/> Service	Card Present %
SIC Code:		<input checked="" type="checkbox"/> Internet	Mail Order/Telephone %
Do you currently accept Discover/Visa/Mastercard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, you should submit 3 cleared monthly statements)		<input type="checkbox"/> Home Based	Internet 100 %
Has Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy? <input type="checkbox"/> Yes Date: <input checked="" type="checkbox"/> No		<input type="checkbox"/> Other	Total = 100 %

Business Trade Suppliers – List Two

Name: Rapid Color Printing	Address: 6445 Kams Park Ct, Las Vegas	Contact: Kat Cruz	Phone #: (702) 792-6055
Name: Verifi	Address: 8391 Beverly Blvd., Box #310, LA, CA	Contact: Shane Lynch	Phone #: (323) 655-5789

Merchant Site Survey Report – To Be Completed by Sales Representative

Merchant Location:	<input type="checkbox"/> Retail Location with Store Front	<input type="checkbox"/> Office Building	<input type="checkbox"/> Internet	<input type="checkbox"/> Residence	<input type="checkbox"/> Other
Area Zoned:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential	Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+	
Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If No, explain:					
The Merchant: <input type="checkbox"/> Owns <input type="checkbox"/> Leases the Business Premises Landlord Name & Phone #:					
Further Comments by Inspector (Must Complete)					

I have not inspected the site.

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by: Office # Representative # Representative Signature: Date: 2/24/15

X

White Copy – Bank • Pink Copy – Merchant

CardFlex Inc. Is a registered ISO/MS of BMO Harris Bank, N.A., Chicago, IL

Rev2. 09/25/13
Page 1 of 13

Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates				Mail / Phone / Internet / Touchtone Rates																																																			
Merchant Chooses to accept the following: DISCVS/MC (Other Cards) Discount Rate: _____ VSMC Discount Rate for Debit Cards: _____				Merchant Chooses to accept the following: DISCVS/MC (Other Cards) Discount Rate: <u>4.59%</u> VSMC Discount Rate for Debit Cards: <u>4.59%</u>																																																			
► Fees				► Fees																																																			
DISCVS/MC Transaction Fee: _____ Per Item Non-Bankcard Transaction Fee: _____ Per Item Non-Bankcard: _____ % Discount Rate _____ Per Item Statement Fee: _____ Per Item VIMAS Online Service: _____ Monthly Monthly Minimum: _____ Monthly Annual Fee: _____ Per year Debit Transaction Fee Plus Network Fees: _____ Per Item EBT Transaction Fee: _____ Per Item EBT Statement Fee: _____ Monthly Batch Fee: _____ Per Batch Manual Imprinter: QTY: _____ One Time Chargeback Fee: _____ \$35.00 Per Item ACH Reject Fee: _____ \$25.00 Per Item Retrieval Fee: _____ \$5.00 Per Item Voice Authorization Fee: _____ \$0.95 Per Call Gateway Access Fee: _____ Monthly AVS Surcharge: _____ \$0.10 Per Item Government Compliance Fee: _____ \$4.95 Per Month TIN Mismatch Fee: _____ \$18.99 Until Validated DonateVisaNow Fee: _____ Per Month Early Termination Fee: _____ SECTION 16.1 One Time				DISCVS/MC Transaction Fee: _____ \$0.25 Per Item Non-Bankcard Transaction Fee: _____ \$0.25 Per Item Non-Bankcard: _____ % Discount Rate _____ Per Item Statement Fee: _____ \$15.00 Monthly VIMAS Online Service: _____ Monthly Monthly Minimum: _____ Monthly Annual Fee: _____ Per year MOTO/Internet Surcharge: _____ Per Item AVS Surcharge: _____ \$0.10 Per Item Batch Fee: _____ \$0.25 Per Batch Manual Imprinter: QTY: _____ One Time Chargeback Fee: _____ \$35.00 Per Item ACH Reject Fee: _____ \$25.00 Per Item Retrieval Fee: _____ \$5.00 Per Item Voice Authorization Fee: _____ \$0.95 Per Call Gateway Access Fee: _____ \$10.00 Monthly Government Compliance Fee: _____ \$4.95 Per Month TIN Mismatch Fee: _____ \$18.99 Until Validated DonateVisaNow Fee: _____ Per Month Early Termination Fee: _____ SECTION 16.1 One Time																																																			
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	Start Mo/Yr:	Amount:	Term:																																																				
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#5 _____ % of Volume and/or \$ _____ per Item	_____	_____	_____																																																				

1) Mid-qualified transactions (Rate 2) will be assessed 1.13% above the qualified discount rate (excluding approved 20% Plus Keyed Merchants). Non-qualified transactions will be assessed 1.80% (Rate 3) above the qualified discount rate. Corporate Cards and Corporate Purchased Cards will be assessed 1.80% above the qualified discount rate. 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Risk Identification Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. By checking the "Yes" checkbox, I acknowledge that I am using a third party to store, process or transmit cardholder data. ☐ Yes
 Give name/address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any software used for storing, transmitting or processing Card Transaction or Authorization requests.

► My Merchants Benefits Club

☒ The representative has explained the My Merchant Benefits Club program to me and I elect to opt out of the program. I understand I can opt into the program at any time and benefit from great deals, including equipment support and replacement per terminal/peripheral (where applicable), as well as great discounts for items such as car rentals, hotels, office supplies, health, legal services and more for my company and employees for an additional fee of \$14.95 per month. Initials: X

► Next Day Funding

☒ Next Day Funding* _____ Per Month (POS Device batch must be closed by 9pm EST/7pm PST)

*Next Day Funding is subject to approval. All payments are provisional and are subject to, including but not limited to, additional fees, chargebacks, withholding, set off, security and reserve rights. Cynergy Data or Bank will not be liable for any delay in receipt of funds, fees for any delays, or errors in debit and credit entries caused by third parties, including but not limited to, any Association or your financial institution. For more information, see Section 5. "Settlement of Card Transactions" of this agreement.

NOTES

► American Express

Estimated Annual American Express Charge Volume \$ _____ Average Ticket \$ _____

<input type="checkbox"/> American Express ESA	Existing ESASE _____	Merchant CAP _____
	Discount Rate _____ %	Per Transaction Fee \$ _____
OR	PrePaid Discount Rate _____ %	PrePaid Per Transaction Fee \$ _____
<input type="checkbox"/> \$7.95/month option for merchants under \$5,000 – mandatory for Internet-Physical Delivery, MO/TO and Home-Based regardless of volume (ESA program only)		
<input type="checkbox"/> New American Express OnePoint	Discount Rate _____ %	Per Transaction Fee \$ _____
	PrePaid Discount Rate _____ %	PrePaid Per Transaction Fee \$ _____

All fees are applicable to OnePoint and ESA unless otherwise stated.
 Card Not Present (CNP) Fee: 0.30% Downgrade
 Inbound Fee: 0.40% Downgrade for all Cross-Border Transactions

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Cynergy Data, LLC. and American Express Travel Related Services Company, Inc. ("AXP"), and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Cynergy Data, LLC. and AXP and AXP's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting the website or contacting American Express at 1-800-528-5200.

I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Cynergy Data, LLC. to perform services for AXP (OnePoint) or to AXP's standard Card acceptance program (ESA) which has different servicing terms (e.g. different speeds of pay).

If qualified for OnePoint, I acknowledge that Cynergy Data will provide merchant instructions on accessing the American Express Terms and Conditions (Agreement for American Express® Card Acceptance American Express OnePoint® Program) and the American Express Merchant Regulations – U.S. including any updates to these regulations as they are made available via <https://www.mychannelofchoice.com/corporatesite/login.asp>. Specific instructions will be delivered to the entity via a welcome letter that will be forthcoming upon account approval.

I understand that if the entity does not qualify for the Cynergy Data, LLC. servicing program that the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

Merchant Signature _____ Date: _____

► Debit/Credit Authorization – Include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynergy Data, LLC. ("Processor") or BMO Harris Bank N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This automated clearing House authorization cannot be revoked until all Merchant obligations under this agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA # _____ 3012

ABA Routing: _____

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual guarantor(s) or from any other person or entity with financial responsibilities under this agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. By signing below, or clicking I accept, Merchant represents that the information provided in this Application is true, complete and not misleading in any way.

AVERAGE TICKET SIZE: \$39.99

AVERAGE MONTHLY VOLUME: \$50,000.00


Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank N.A. Chicago, IL. By signing below, you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

► Individual Guaranty – No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED:

X  2/13/15
 #1 From Application – Signature Date
 X
 #2 From Application – Signature Date

► For All Businesses – Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Desert Gecko, LLC

Print Legal Name of Merchant Business

X  2/13/15

#1 From Application – Signature Date

X

#2 From Application – Signature Date

X

Accepted by Processor Date

X

Accepted by BMO Harris Bank N.A. Chicago, IL Date

CardFlex

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your Web site has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund/Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing Listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!! You must contact your sales representative immediately upon completing the above 7 Internet processing requirements.

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochures, promotional materials, product catalogue, etc. How will the product be advertised or promoted?

If advertising on the Internet, list Web site address: www.todayswhiteningtrend.com

Preferred 25 character (or less) DBA Identifier (appears on customers' billing statements)

D G W H I T E T R E N D 8 0 0 6 3 0 6 3 2 9

List name(s) and address(es) of vendor from which the product is purchased:

Rapid Color Printing, 445 Karmas Park Ct, Las Vegas, NV 89118

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

KeyGo, 7505 Commercial Way, Unit E, Henderson, NV 89011

List geographical area(s) in which the product or service will be marketed and sold:

USA, Canada, UK, Australia

List carrier services that will deliver product or service:

USPS

What is your return or refund policy?

30 days, with RMA and account cancelation

How does the customer order the product or service?

www.todayswhiteningtrend.com

When you receive an authorization, how long before merchandise is shipped or services are provided?

0-3 days

Do you perform recurring monthly billing?

Yes

Is your database collecting entire credit card numbers?

No

This amendment is made by and between Harris, N.A., Chicago IL ("Bank") and Meridian Bank of Devon, PA ("Bank") and the undersigned "MERCHANT" and subject to the approval of BANK.

WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/services to customers; and

WHEREAS: BANK and MERCHANT has entered into Harris, N.A., Chicago, IL ("Bank") VISA/MasterCard Processing Agreement ("Agreement").

NOW THEREFORE, in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY: [Signature]

DATE: 2/13/15

OWNER/OFFICER

Sarah Austin

Print Name

Authorized Harris, N.A. Agent

Print Name

CASH ONLY IF ALL CHECKLOCK™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

Desert Gecko 01/15
1 E Washington St. Suite 300
Phoenix, AZ 85004

FIRSTBANK
82-504/1070

1000

PAY TO THE
ORDER OF _____

\$

_____ DOLLARS

MEMO

VOID

⑈001000⑈

8012⑈

Desert Gecko

1000

Desert Gecko

1000

**MEMBERSHIP INTEREST ASSIGNMENT
DESERT GECKO, LLC, an Arizona Limited Liability Company**

September 30, 2014

FOR VALUE RECEIVED, Angie Lint hereby assigns, transfers, and conveys unto to Sarah Austin effective as of the close of the Company's business on the date hereof, all of the undersigned's right title and interest in and to her membership interest in Desert Gecko, LLC, an Arizona limited liability company (the "Company"), which membership interest represents 80% of all membership interests in the Company, and hereby irrevocably constitutes and appoints the new Manager of the Company, Sarah Austin, as the undersigned's attorney-in-fact to transfer the membership interest on the books and records of the Company with full power of substitution.

DermaGlam, LLC, an Arizona limited liability company, owns 20% of the membership interests of the Company and Sarah Austin now owns 80% of the membership interests of the Company.



Angie Lint

1065 Form Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2012, or tax year beginning <u>MAR 23, 2012</u> , ending <u>DEC 31, 2012</u> EXTENSION GRANTED TO 09/16/13		OMB No. 1545-0099 2012	
A Principal business activity CREDIT CARD PROCESSING		Name of partnership DESERT GECKO, LLC		D Employer identification number 45-5076414	
B Principal product or service CREDIT CARD PROCESSING		Number, street, and room or suite no. If a P.O. box, see the instructions. 1 E. WASHINGTON STREET, SUITE 500		E Date business started 03/23/2012	
C Business code number 525990		City or town, state, and ZIP code PHOENIX AZ 85034		F Total assets \$ 2,791.	

G Check applicable boxes: (1) ☒ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
 (6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify)

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year 2

J Check if Schedules C and M-3 are attached ☐

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	22,827.		
	b Returns and allowances	1b	1,829.		
	c Balance. Subtract line 1b from line 1a			1c	20,998.
	2 Cost of goods sold (attach Form 1125-A)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	20,998.
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6	
7 Other income (loss) (attach statement)			7		
8 Total income (loss). Combine lines 3 through 7			8	20,998.	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)		9	2,500.	
	10 Guaranteed payments to partners		10		
	11 Repairs and maintenance		11		
	12 Bad debts		12		
	13 Rent		13	949.	
	14 Taxes and licenses		14	269.	
	15 Interest		15		
	16 a Depreciation (if required, attach Form 4562)	16a			
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c	
	17 Depletion (Do not deduct oil and gas depletion.)		17		
	18 Retirement plans, etc.		18		
	19 Employee benefit programs		19		
	20 Other deductions (attach statement)		20	17,507.	
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20		21	21,225.	
22 Ordinary business income (loss). Subtract line 21 from line 8		22	-227.		

Sign Here		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see Instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Signature of general partner or limited liability company member manager				Date	
Paid Preparer Use Only	Print/Type preparer's name CRAIG CHANEY	Preparer's signature	Date	Check <input type="checkbox"/> If self-employed	PTIN P00163210		
	Firm's name BROCK AND COMPANY, CPAS, P.C.				Firm's EIN 84-0930288		
	Firm's address 900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501				Phone no. 303-776-2160		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2012)

Form 1065 (2012) **DESERT GECKO, LLC****45-5076414** Page 2**Schedule B Other Information**

1 What type of entity is filing this return? Check the applicable box:				Yes	No
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership				
c <input checked="" type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership				
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other				
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?				X	
3 At the end of the tax year:					
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership					X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership				X	
4 At the end of the tax year, did the partnership:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below					X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details					X
6 Does the partnership satisfy all four of the following conditions?					
a The partnership's total receipts for the tax year were less than \$250,000.					
b The partnership's total assets at the end of the tax year were less than \$ 1 million.					
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.					
d The partnership is not filing and is not required to file Schedule M-3					X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.					
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?					X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
10 At any time during calendar year 2012, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country.					X

Form 1065 (2012)

Form 1065 (2012) **DESERT GECKO, LLC**

45-5076414 Page 3

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		<input checked="" type="checkbox"/>
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		<input checked="" type="checkbox"/>
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		<input checked="" type="checkbox"/>
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		<input checked="" type="checkbox"/>
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		<input checked="" type="checkbox"/>
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership.		<input checked="" type="checkbox"/>
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return.		
18a Did you make any payments in 2012 that would require you to file Form(s) 1099? See instructions		<input checked="" type="checkbox"/>
b If "Yes," did you or will you file required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return.		
20 Enter the number of partners that are foreign governments under section 892.		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	DERMAGLAM, LLC	Identifying number of TMP	80-0799975
If the TMP is an entity, name of TMP representative	BLAIR MCNEA	Phone number of TMP	
Address of designated TMP	7702 E DOUBLETREE RANCH RD, SUITE 300 SCOTTSDALE, AZ 85258		

Form 1065 (2012)

1065 Form Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2013, or tax year beginning <u>EXTENSION GRANTED TO 09/15/14</u> , ending _____		OMB No. 1545-0099 2013	
A Principal business activity CREDIT CARD PROCESSING		Name of partnership DESERT GECKO, LLC		D Employer identification number 45-5076414	
B Principal product or service CREDIT CARD PROCESSING		Number, street, and room or suite no. If a P.O. box, see the instructions. 1 E. WASHINGTON STREET, SUITE 500		E Date business started 03/23/2012	
C Business code number 525990		City or town, state or province, country, and ZIP or foreign postal code PHOENIX AZ 85034		F Total assets \$ 938.	
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input checked="" type="checkbox"/> Amended return (6) <input type="checkbox"/> Technical termination - also check (1) or (2)					
H Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____					
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year 2					
J Check if Schedules C and M-3 are attached <input type="checkbox"/>					

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales		1a	530,488.	
	b Returns and allowances		1b	109,740.	
	c Balance. Subtract line 1b from line 1a				1c 420,748.
	2 Cost of goods sold (attach Form 1125-A)				2
	3 Gross profit. Subtract line 2 from line 1c				3 420,748.
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)				4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))				5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				6
7 Other income (loss) (attach statement)				7	
8 Total income (loss). Combine lines 3 through 7				8 420,748.	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)				9 3,000.
	10 Guaranteed payments to partners				10
	11 Repairs and maintenance				11
	12 Bad debts				12
	13 Rent				13 1,825.
	14 Taxes and licenses				14 378.
	15 Interest				15
	16 a Depreciation (if required, attach Form 4562)		16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return		16b		16c
	17 Depletion (Do not deduct oil and gas depletion.)				17
	18 Retirement plans, etc.				18
	19 Employee benefit programs				19
	20 Other deductions (attach statement)				20 415,570.
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20				21 420,773.
22 Ordinary business income (loss). Subtract line 21 from line 8				22 -25.	

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge. Signature of general partner or limited liability company member manager _____ Date _____		May the IRS discuss this return with the preparer shown below (see Instr. 7) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only Print/Type preparer's name CRAIG CHANEY Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00163210 Firm's name BROCK AND COMPANY, CPAS, P.C. Firm's EIN 84-0930288 Firm's address 900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501 Phone no. 303-776-2160			

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2013)

Form 1065 (2013) **DESERT GECKO, LLC**

45-5076414 Page 2

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:	Yes	No
a <input type="checkbox"/> Domestic general partnership b <input type="checkbox"/> Domestic limited partnership		
c <input checked="" type="checkbox"/> Domestic limited liability company d <input type="checkbox"/> Domestic limited liability partnership		
e <input type="checkbox"/> Foreign partnership f <input type="checkbox"/> Other ▶		
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?	X	
3 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X	
4 At the end of the tax year, did the partnership:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity
(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		X
6 Does the partnership satisfy all four of the following conditions?		
a The partnership's total receipts for the tax year were less than \$250,000.		
b The partnership's total assets at the end of the tax year were less than \$ 1 million.		
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d The partnership is not filing and is not required to file Schedule M-3		X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
10 At any time during calendar year 2013, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country. ▶		X

Form 1065 (2013)

Form 1065 (2013) **DESERT GECKO, LLC****45-5076414** Page **3****Schedule B** Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1445 Withholding Tax, filed for this partnership.		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return.		
18a Did you make any payments in 2013 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return.		
20 Enter the number of partners that are foreign governments under section 892.		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:


Name of designated TMP	DERMAGLAM, LLC	Identifying number of TMP	80-0799975
If the TMP is an entity, name of TMP representative	BLAIR MCNEA	Phone number of TMP	
Address of designated TMP	7702 E DOUBLETREE RANCH RD, SUITE 300 SCOTTSDALE, AZ 85258		

Form **1065** (2013)

PX11

PPS Attachment E

Doing What's Possible Account Documents

MERCHANT APPLICATION					
		Merchant # _____ <input checked="" type="checkbox"/> New Location <input type="checkbox"/> Additional Location 3008 S. Robertson Blvd • Ste 295 • Los Angeles, CA 90034 310-220-0624 • Fax 310-602-6282 www.globalmerchantadvisors.com			
		Merchant Accepts Donate Wise News? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>By checking yes and signing this application and agreement, you indicate your acceptance of the Greenwise GreenGuide and DonateWiseNow Program terms and conditions.</small>			
Business Information <small>Not for use by credit reporting agencies. GMA and its affiliates will not release this information without your written consent.</small>					
Legal Name (as it appears on your income tax return): Doing What's Possible, LLC			Name of Account (Doing Business As): www.youthresults.com		
Legal Address: 701 North Green Valley Parkway			Physical Street Address (No P.O. Box): 701 North Green Valley Parkway		
City: Henderson	State: NV	Zip: 89074	City: Henderson	State: NV	Zip: 89074
Phone #: (702) 890-3225	Contact: Tarae Dobie	DBA Phone #: (877) 766-5978		Fax #: ()	
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address		E-Mail Address: tarae@youthresults.com		Website Address: www.youthresults.com	
Federal Tax # 4 5 2 6 9 7 5 0 8	# of Locations 1	Years in Business 9 months	Years Owned Business 9 months		
Place of Legal Formation: Nevada			Country of Primary Business Operations: USA		
Bank Reference: JPMorgan Chase, NA		Contact: Julio Jauregui	Phone #: (702) 259-0798		
Ownership/Officers: Individual Ownership Must be Equal to or Greater than 50%					
Name: 1. Tarae Dobie		Title: Manager	Birth: 1985	Applicant's SS #: [REDACTED]	% Equity Ownership: 80 %
Residence Address: [REDACTED]		City: Boulder	State: CO	Zip: 80304	# Years: 16
US Government Issued ID#: [REDACTED]	Type of ID: CO Drivers License	Expiration Date: 2016	Country of Citizenship (if not US):	Home Phone: [REDACTED]	
Name: 2.		Title:	Date of Birth:	Applicant's SS #:	% Equity Ownership:
Residence Address:		City:	State:	Zip:	# Years:
US Government Issued ID#:	Type of ID:	Expiration Date:	Country of Citizenship (if not US):	Home Phone:	
Business Profile			Sales Profile		
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc/Estates/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government <input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input type="checkbox"/> Single Member LLC <input checked="" type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other:			Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Home Based <input type="checkbox"/> Other		
Type of Goods or Services Sold: [REDACTED]			Discover/Visa/MasterCard Sales Profile (Be Accurate) Card Swipe % Manual Key Entry with Imprint, Card Present % Mail Order/Telephone % Internet 100 % Total = 100%		
Do you currently accept Discover/Visa/MasterCard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Name of Current Processor: Power Pay		
Has Merchant or any associated principal disclosed below filed for bankruptcy or been subject to involuntary bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date:		
Supplier/Trade Suppliers - List Below					
Name: United One Int'l Labs	Address: Farmers Branch, TX	Contact: James Mitchell	Phone #: (972) 490-3300		
Name: TJ Richards	Address: Longmont, CO	Contact: Brandon Soot	Phone #: (303) 772-8422		
Site Survey Report to be Completed by Sales Representative					
Merchant Location: <input type="checkbox"/> Retail Location with Store Front <input checked="" type="checkbox"/> Office Building <input type="checkbox"/> Internet <input type="checkbox"/> Residence <input type="checkbox"/> Other Area Zoned: <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input checked="" type="checkbox"/> 2,001+					
Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:					
The Merchant: <input type="checkbox"/> Owns <input checked="" type="checkbox"/> Leases the Business Premises		Landlord Name & Phone #: Webgixfix - Anita Gomez			
Further Comments by Inspector (Must Complete): photos included 866-783-7447					
I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.					
Verified and Inspected by: [Signature]		Office #:	Representative #:	Representative Signature: [Signature]	Date: 5-15-12
Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL					

Discover / Visa / MasterCard / Standard Retail / High Risk Retail Rates

Merchant chooses to accept the following

DISCOVER (Other Cards) Discount Rate

1%

VISA/MC Discount Rate for Debit Cards

1%

AMEX Discount Rate

1%

FEES

DISCOVER/MC Transaction Fee	Per Item	
Non-Bankcard Transaction Fee	Per Item	
Statement Fee	Monthly	\$10.00
VISA/MC Online Service	Monthly	
Monthly Minimum	Monthly	\$35.00
Annual Fee	Per Year	\$99.00
Debit Transaction Fee Plus Network Fees	Per Item	
EBT Transaction Fee	Per Item	
EBT Statement Fee	Monthly	\$3.00
Batch Fee	Per Batch	\$0.25
Manual Imprinter	One Time	
Chargeback Fee	Per Item	\$35.00
ACH Reject Fee	Per Item	\$25.00
Referral Fee	Per Item	\$5.00
Voice Authorization Fee	Per Call	\$0.95
Gateway Access Fee	Monthly	\$10.00
AVS Surcharge	Per Item	\$0.15
Government Compliance Fee	Monthly	\$5.95
TIN Match Fee	Unit Validated	\$325.00
Early Termination Fee	One Time	\$495.00
Misc Fees	Start Mo/Yr	Amount
	Terms	

Mail / Phone / Internet / Touch and Go Rates

Merchant chooses to accept the following

DISCOVER/MC (Other Cards) Discount Rate

4.49%

VISA/MC Debit Card Discount Rate

4.49%

AMEX Rate

\$1.95 Monthly

FEES

DISCOVER/MC Transaction Fee	Per Item	
Non-Bankcard Transaction Fee	Per Item	\$0.35
Statement Fee	Monthly	\$10.00
VISA/MC Online Service	Monthly	\$15.00
Monthly Minimum	Monthly	\$35.00
Annual Fee	Per Year	\$99.00
Internet Surcharge	Per Item	\$1.00
AVS Surcharge	Per Item	\$0.10
Batch Fee	Per Batch	\$0.35
Manual Imprinter	One Time	\$14.95
Chargeback Fee	Per Item	\$35.00
ACH Reject Fee	Per Item	\$25.00
Referral Fee	Per Item	\$5.00
Voice Authorization Fee	Per Call	\$0.95
Gateway Access Fee	Monthly	\$10.00
Government Compliance Fee	Monthly	\$6.95
TIN Match Fee	Unit Validated	\$325.00
Early Termination Fee	One Time	\$495.00
Misc Fees	Start Mo/Yr	Amount
	Terms	
1. GS 3PM - Setup Fee	One-Time	\$100.00
2. GS 3PM - Monthly Fee	Monthly	\$100.00

I, the undersigned, agree that while my/our discount rate as stated above will be charged on most electronically authorized payment card transactions that are in batches delayed (daily charges up to 5% higher than my discount rate may apply, where additional criteria is not met). Examples where higher rates apply include but are not limited to: 1) 10/10, keyed in transactions, transactions without AVS, business and foreign card transactions, 2) Pass-Through Association fees include Visa Acquiring Processing Fee, Visa Risk Identification Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquire Fee, 3) MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. Do you use a third party to store or transmit Cardholder data? ☐ Yes ☐ No Give name/address (examples include, but not limited to: hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any Software used for storing, transmitting or processing Card Transaction or Authorization requests.

Merchant Benefits Club

I want to participate in the optional Merchant Benefits Club which includes equipment support and replacement for an additional \$14.95 per terminal/processor per month. Initial: X

American Express

By signing below, I represent that I have read and am authorized to sign and submit the application for the above entity which agrees to be bound by the American Express Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize ESA and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agents, subcontractors, Affiliates, and other parties for any purpose permitted by law. I authorize and direct ESA and American Express and American Express's agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports from consumer reporting agencies for marketing and promotional purposes. I understand that upon American Express's approval of the application, the entity will be provided with the Agreement and materials welcoming it to American Express's Card acceptance campaign.

Retail - \$3.10 Trans. Fee + 0.30% CNP Coverage Service

Wholesale & All Other - \$8.15 Trans. Fee

Signature: A

Date

Debit/Credit Authorization: Include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynergy Data LLC ("Processor") or BMO Harris Bank, N.A. ("Bank") to permit Automated Clearing House credits, Automated Clearing House debits, wire transfers, or discretionary transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entities in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This Automated Clearing House authorization cannot be revoked until all Merchant obligations under the Agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA: 5163

ABA Routing: 738001

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT from any of the undersigned individual credit or financial responsibility. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.

AVERAGE TICKET SIZE: \$37.00**AVERAGE MONTHLY VOLUME:** \$50,000.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank, N.A., Chicago, IL. By signing below you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

Individual Guaranty: No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantors, by signing this Agreement, jointly and severally, unconditionally and irrevocably personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other party or entity responsible to 4 of any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, and that all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understands that the inducement to Processor and Bank to enter into this agreement is a consideration for the guaranty and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTEDx *James Debie*

5/11/2012

#1 From Application - Signature

Date

x

#2 From Application - Signature

Date

For All Businesses: Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Doing What's Possible, LLC

Print Legal Name of Merchant Business

x *James Debie*

5/11/2012

#1 From Application - Signature

Date

x

#2 From Application - Signature

Date

Accepted by Processor

Date

x

Accepted by BMO Harris Bank, N.A., Chicago, IL

Date

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

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Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund / Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!!! You must contact your sales representative immediately upon completing the above 7 Internet processing requirements!

Submit sample(s) of product brochure, promotional materials, product catalogue, etc. How will product be advertised or promoted?

If advertising on Internet, list website address: www.youthextsolutions.com

Preferred 23 character (or less) DBA identifier (appears on customers' billing statement)

dwp*you+hf x8777665978

List name(s) and address(es) of vendor from which the product is purchased:

United One International Laboratories Farmers Branch, TX and TJ Richards Longmont, CO

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

Webgistix, 880 Wigwam Pkwy., #120, Henderson, NV 89014

List geographical area(s) in which the product or service will be marketed and sold: US, Canada, UK

List carrier services that will deliver product or service: USPS

What is your return or refund policy? full refund of product price within 30 days of shipment date

How does the customer order the product or service? via the Internet

When you receive an authorization, how long before merchandise is shipped or services are provided? same business day

Do you perform recurring monthly billing? ☒ Yes ☐ No If Yes, ☒ Monthly ☐ Quarterly ☐ Bi-annual ☐ Annual

Is your database collecting entire credit card numbers? ☒ Yes ☐ No If Yes, are you PCI compliant? ☒ Yes ☐ No

This amendment is made by & between BMO Harris Bank, N.A., Chicago, IL ("Bank"), & the undersigned "MERCHANT" & subject to the approval of BANK. WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/services to customers; and

WHEREAS: BANK and MERCHANT has entered into BMO Harris Bank, N.A., Chicago, IL ("Bank") VISA/MasterCard Processing Agreement ("Agreement"). NOW THEREFORE, in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

DATE: 5/11/2012

Taree Dobie
OWNER / OFFICER

Authorized BMO Harris Bank, N.A. Agent

Taree Dobie
Print Name

Print Name

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL.

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CASH ONLY IF ALL CHECKED SECURITY FEATURES ARE PRESENT

Doing What's Possible, LLC
701 North Green Valley Parkway, Suite 200
Henderson, NV 89074

JPMORGAN CHASE BANK, NA
Nevada
90-7162/3222

1005

PAY TO THE ORDER OF _____ \$ _____

VOID

DOLLARS

MEMO _____

⑈001005⑈ _____ 5182⑈

Doing What's Possible, LLC

1005

Doing What's Possible, LLC

1005

PAYMENT
RECORD





TRANSUNION CONSUMER CREDIT REPORT

Subscriber Name: GLOBAL MERCH
 Subscriber Code/Market: F 5756620 12 01
 Results Issued: 5/17/12 19:02 CT

INPUT PARAMETERS FOR PRIMARY SUBJECT

Reference ID:
 SSN: [REDACTED]
 Name: dobie, taree
 Current Address: [REDACTED]

DOBIE, TAREE D.

Also Known As:

SSN: [REDACTED] Phone: [REDACTED]
 Date of Birth: [REDACTED]/85

In File Since: 4/04

Current Address:

[REDACTED]
 BOULDER CO. 80304
 Reported 1/07

Previous Address:

[REDACTED]
 BOULDER CO. 80304
 Reported 4/04

Previous Address:

[REDACTED]
 ERIE CO. 80516

EMPLOYMENT

CONVERTIS LLC

Position: CUSTOMER
 SERVICE

Start:
 End:

In File Since: 3/08
 Effective: 3/08

SCORING

Type

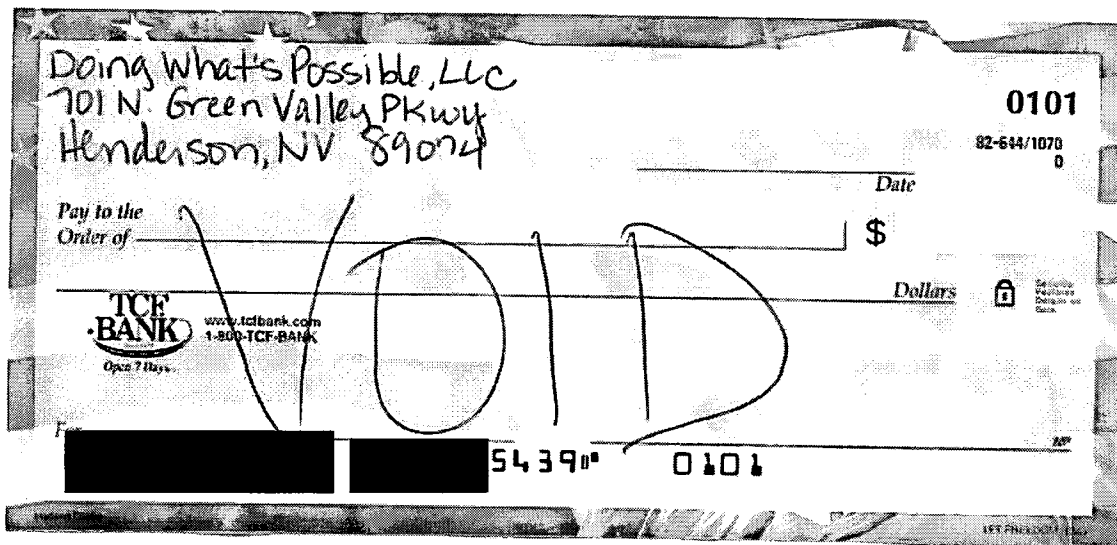
Score

Explanation

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

CREDIT INFORMATION Summary (Total History)

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



PX11

PPS Attachment F

Doing What's Possible Account Documents

MERCHANT APPLICATION



Merchant # _____

☐ New Location ☐ Additional Location

2900 Bristol Street • F-201 • Costa Mesa, CA 92626

Tel: 866.634.3044

www.cardflexnow.com

Merchant Accepts GreenSuite – Donate/Use Now ☐ Yes ☐ No

By checking yes and signing this application and agreement, you indicate your acceptance of the GreenSuite GreenSuite and Donate/Use Now Program terms and conditions.

Note: Your Business Legal Name and Tax ID Number must be entered exactly as it appears on your Income Tax Return or on your SS4-Employer Identification Number (EIN) letter to avoid fees and income withholding by the IRS.

Business Information

Legal Name (as it appears on your income tax return):
Doing What's Possible, LLCName of Account (Doing Business As):
Smile Vitalize OnlineLegal Address:
701 North Green Valley Parkway, Ste 200Physical Street Address (No P.O. Box):
701 North Green Valley Parkway, Ste 200City:
Henderson State: NV Zip: 89074City:
Henderson State: NV Zip: 89074Phone #:
(702) 990-3225 Contact:
Taree Doble

DBA Phone #: (800) 627-1650 Fax #: (303) 530-0774

Must Choose One Mailing Address: ☐ DBA Address ☒ Legal Address E-Mail Address: taree@smilevitalizeonline.com Website Address: www.smilevitalizeonline.com

Federal Tax # 416216197150181 # of Locations 1 Years in Business 3.5 Years Owned Business 3.5

Place of Legal Formation: Nevada Country of Primary Business Operations: USA

Bank Reference: First Bank Contact: Phone #: (303) 530-1000

Owners or Officers – Individual Ownership Must be Equal to or Greater than 50%

Name: 1. Taree Doble Title: Manager Date of Birth: /85 Applicant's SS #: % Equity Ownership: 80

Residence Address: City: Lafayette State: CO Zip: 80026 # Years: 7

US Government Issued ID#: Type of ID: CO DL Expiration Date: 9/4/16 Country of Citizenship (if not US): Home Phone: ()

Name: 2. Title: Date of Birth: Applicant's SS #: % Equity Ownership:

Residence Address: City: State: Zip: # Years:

US Government Issued ID#: Type of ID: Expiration Date: mm/dd/yyyy Country of Citizenship (if not US): Home Phone: ()

Business Profile

Type of Ownership: ☐ Sole Proprietor ☐ Assoc/Estates/Trusts ☐ Joint Venture ☐ Government ☐ Corporation (Privately Traded) ☐ Corporation (Publicly Traded) ☐ Medical or Legal Corp ☐ Partnership ☐ Tax Exempt Org ☒ Single Member LLC ☐ Multi Member LLC ☐ Civic Assoc ☐ Limited Partnership ☐ Political Org ☐ Other

Type of Goods or Services Sold: teeth whitening SIC Code:

Do you currently accept Discover/VISA/Mastercard? ☐ Yes ☒ No Name of Current Processor:Has Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy? ☐ Yes Date: ☒ No

Sales Profile

Merchant Type: Discover/VISA/MasterCard Sales Profile
☐ Retail Be Accurate:
☐ Restaurant Card Swipe %
☐ Lodging Manual Key Entry with Imprint,
☐ Service Card Present %
☒ Internet Mail Order/Telephone %
☐ Home Based Internet 100 %
☐ Other Total = 100 %

Business Trade Suppliers – List Two

Name: Address: Contact: Phone #:
Rapid Color Printing 8445 Kams Park Ct, Las Vegas Kat Cruz (702) 792-6055Name: Address: Contact: Phone #:
Verifi 8391 Beverly Blvd., Box #310, L.A., CA Shane Lynch (323) 655-5789

Merchant Site Survey Report – To Be Completed by Sales Representative

Merchant Location: ☐ Retail Location with Store Front ☐ Office Building ☐ Internet ☐ Residence ☐ Other
Area Zoned: ☐ Commercial ☐ Industrial ☐ Residential Square Footage: ☐ 0-250 ☐ 251-500 ☐ 501-2,000 ☐ 2,001+Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? ☐ Yes ☐ No

If No, explain:

The Merchant: ☐ Owns ☐ Leases the Business Premises Landlord Name & Phone #:

Further Comments by Inspector (Must Complete)

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by: Office #: Representative #: Representative Signature: Date:

X

X

White Copy – Bank - Pink Copy – Merchant

CardFlex Inc. is a registered ISO/MS of BMO Harris Bank, N.A., Chicago, IL

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Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates				Mail / Phone / Internet / Touchtone Rates					
Merchant Chooses to accept the following: DISC/VSMC (Other Cards) Discount Rate: _____ VSMC Discount Rate for Debit Cards: _____				Merchant Chooses to accept the following: DISC/VSMC (Other Cards) Discount Rate: _____ VSMC Discount Rate for Debit Cards: _____					
Fees				Fees					
DISC/VSMC Transaction Fee: _____		Per Item		DISC/VSMC Transaction Fee: _____		Per Item			
Non-Bankcard Transaction Fee: _____		Per Item		Non-Bankcard Transaction Fee: _____		Per Item			
Non-Bankcard: _____ % Discount Rate		Per Item		Non-Bankcard: _____ % Discount Rate		Per Item			
Statement Fee: _____		Per Item		Statement Fee: _____		Monthly			
VIMAS Online Service: _____		Monthly		VIMAS Online Service: _____		Monthly			
Monthly Minimum: _____		Monthly		Monthly Minimum: _____		Monthly			
Annual Fee: _____		Per year		Annual Fee: _____		Per year			
Debit Transaction Fee Plus Network Fees: _____		Per Item		MOTO/Internet Surcharge: _____		Per Item			
EBT Transaction Fee: _____		Per Item		AVS Surcharge: _____		\$0.10 Per Item			
EBT Statement Fee: _____		Monthly		Batch Fee: _____		Per Batch			
Batch Fee: _____		Per Batch		Manual Imprinter: QTY: _____		One Time			
Manual Imprinter: QTY: _____		One Time		Chargeback Fee: _____		\$35.00 Per Item			
Chargeback Fee: _____		\$35.00 Per Item		ACH Reject Fee: _____		\$25.00 Per Item			
ACH Reject Fee: _____		\$25.00 Per Item		Retrieval Fee: _____		\$5.00 Per Item			
Retrieval Fee: _____		\$5.00 Per Item		Voice Authorization Fee: _____		\$0.95 Per Call			
Voice Authorization Fee: _____		\$0.95 Per Call		Gateway Access Fee: _____		Monthly			
Gateway Access Fee: _____		Monthly		Government Compliance Fee: _____		\$4.95 Per Month			
AVS Surcharge: _____		\$0.10 Per Item		TIN Mismatch Fee: _____		\$19.99 Until Validated			
Government Compliance Fee: _____		\$4.95 Per Month		Donate/Use Now Fee: _____		Per Month			
TIN Mismatch Fee: _____		\$19.99 Until Validated		Early Termination Fee: _____		SECTION 18.1 One Time			
Donate/Use Now Fee: _____		Per Month							
Early Termination Fee: _____		SECTION 18.1 One Time							
Misc Fees:		Start Mo/Yr:	Amount:	Terms:	Misc Fees:		Start Mo/Yr:	Amount:	Terms:
#1	Mid-Qualified Transactions (rate 2)	_____	_____	_____	#1	Mid-Qualified Transactions (rate 2)	_____	_____	_____
#2	Non-Qualified Transactions (rate 3)	_____	_____	_____	#2	Non-Qualified Transactions (rate 3)	_____	_____	_____
#3	_____	_____	_____	_____	#3	_____	_____	_____	_____
#4	_____	_____	_____	_____	#4	MAINTENANCE FEE (NR ONLY)	_____	\$69.95	MONTHLY
#5	_____ % of Volume and/or \$ _____ per item	_____	_____	_____	#5	_____ % of Volume and/or \$ _____ per item	_____	_____	_____

1) Mid-qualified transactions (Rate 2) will be assessed 1.13% above the qualified discount rate (excluding approved 20% Plus Keyed Merchants). Non-qualified transactions will be assessed 1.80% (Rate 3) above the qualified discount rate. Corporate Cards and Corporate Purchased Cards will be assessed 1.80% above the qualified discount rate. 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Risk Identification Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. By checking the "Yes" checkbox, I acknowledge that I am using a third party to store, process or transmit cardholder data. ☐ Yes Give name/address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any software used for storing, transmitting or processing Card Transaction or Authorization requests.

My Merchant's Benefits Club

☒ The representative has explained the My Merchant Benefits Club program to me and I elect to opt out of the program. I understand I can opt into the program at any time and benefit from great deals, including equipment support and replacement per terminal/peripheral (where applicable), as well as great discounts for items such as car rentals, hotels, office supplies, health, legal services and more for my company and employees for an additional fee of \$14.95 per month. Initials: X *[Signature]*

Next Day Funding

☒ Next Day Funding* _____ Per Month (POS Device batch must be closed by 5pm EST/6pm PST)

*Next Day Funding is subject to approval. All payments are provisional and are subject to, including but not limited to, additional fees, chargebacks, withholding, set off, security and reserve rights. Cynergy Data or Bank will not be liable for any delay in receipt of funds, fees for any delays, or errors in debit and credit entries caused by third parties, including but not limited to, any Association or your financial institution. For more information, see Section 5. "Settlement of Card Transactions" of this agreement.

NOTES

▶ American Express

Estimated Annual American Express Charge Volume \$ _____ Average Ticket \$ _____

☐ American Express ESA

Existing ESA SE _____

Merchant CAP _____

Discount Rate _____ %

Per Transaction Fee \$ _____

OR

PrePaid Discount Rate _____ %

PrePaid Per Transaction Fee \$ _____

☐ \$7.55/month option for merchants under \$5,000 – mandatory for Internet-Physical Delivery, MOTO and Home-Based regardless of volume (ESA program only)

☐ New American Express OnePoint

Discount Rate _____ %

Per Transaction Fee \$ _____

PrePaid Discount Rate _____ %

PrePaid Per Transaction Fee \$ _____

All fees are applicable to OnePoint and ESA unless otherwise stated.

Card Not Present (CNP) Fee:

0.30% Downgrade

Inbound Fee:

0.40% Downgrade for all Cross-Border Transactions

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Cynegy Data, LLC, and American Express Travel Related Services Company, Inc. ("AXP"), and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Cynegy Data, LLC, and AXP and AXP's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting the website or contacting American Express at 1-800-528-5200.

I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Cynegy Data, LLC, to perform services for AXP (OnePoint) or to AXP's standard Card acceptance program (ESA) which has different servicing terms (e.g. different speeds of pay).

If qualified for OnePoint, I acknowledge that Cynegy Data will provide merchant instructions on accessing the American Express Terms and Conditions (Agreement for American Express® Card Acceptance American Express OnePoint® Program) and the American Express Merchant Regulations – U.S. including any updates to these regulations as they are made available via <https://www.mybackoffice.ams.com/merchantlogin.asp>. Specific instructions will be delivered to the entity via a welcome letter that will be forthcoming upon account approval.

I understand that if the entity does not qualify for the Cynegy Data, LLC, servicing program that the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

Merchant Signature _____

Date: _____

▶ Debit/Credit Authorization – Include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynegy Data, LLC, ("Processor") or BMO Harris Bank N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entities in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This automated clearing house authorization cannot be revoked until all Merchant obligations under this agreement are satisfied, and Merchant gives Cynegy Data written notice of revocation.

DDA: 6180

ABA Routing:

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual guarantor(s) or from any other person or entity with financial responsibilities under this agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. By signing below, or clicking I accept, Merchant represents that the information provided in this Application is true, complete and not misleading in any way.

AVERAGE TICKET SIZE: \$39.99

AVERAGE MONTHLY VOLUME: \$50,000.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 16.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank N.A. Chicago, IL. By signing below, you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

▶ Individual Guaranty – No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, irrevocably and personally guarantees the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect over the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED:

x Shree D. Dobie 2/13/15

#1 From Application – Signature Date

x

#2 From Application – Signature Date

▶ For All Businesses – Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Doing What's Possible, LLC

Print Legal Name of Merchant Business

x Shree D. Dobie 2/13/15

#1 From Application – Signature Date

x

#2 From Application – Signature Date

x

Accepted by Processor Date

x

Accepted by BMO Harris Bank N.A. Chicago, IL Date

CardFlex

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your Web site has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund/Cancellation Policy
2. Privacy Policy
3. Terms & Conditions Listed
4. Products & the Corresponding Pricing Listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!! You must contact your sales representative immediately upon completing the above 7 Internet processing requirements.

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochures, promotional materials, product catalogue, etc. How will the product be advertised or promoted?

If advertising on the Internet, list Web site address: www.smilevitalizeonline.com

Preferred 23 character (or less) DBA identifier (appears on customers' billing statements)

D W P * S M I L E V 8 0 0 6 2 7 1 6 5 0

List name(s) and address(es) of vendor from which the product is purchased:

Rapid Color Printing, 445 Karns Park Ct, Las Vegas, NV 89118

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

Rev Co, 7545 Commercial Way, Unit E, Henderson, NV 89011

List geographical area(s) in which the product or service will be marketed and sold:

USA, Canada, UK, Australia

List carrier services that will deliver product or service:

USPS

What is your return or refund policy?

30 days, with RMA and account cancellation

How does the customer order the product or service?

www.smilevitalizeonline.com

When you receive an authorization, how long before merchandise is shipped or services are provided?

0-3 days

Do you perform recurring monthly billing?

Yes

Is your database collecting entire credit card numbers?

No

This amendment is made by and between Harris, N.A., Chicago IL ("Bank") and Meridian Bank of Devon, PA ("Bank" and the undersigned "MERCHANT" and subject to the approval of BANK.

WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/services to customers; and

WHEREAS: BANK and MERCHANT has entered into Harris, N.A., Chicago, IL ("Bank") VISA/MasterCard Processing Agreement ("Agreement").

NOW THEREFORE, in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY: Taree Doble

DATE: 2/13/15

OWNER/OFFICER

Authorized Harris, N.A. Agent

Taree Doble

Print Name

Print Name

3/4/2015

Credit Report

Print

Close

DATE 2-20-2015 TIME 17:28:43 V301 TCO1

*TAREE D DOBIE SS: [REDACTED] E: CONVERTIS LLC

* [REDACTED] YOB: 1985 [REDACTED]

ERIE CO 805167027 BOULDER CO 80301

RPTD: 4-12 TO 1-14 U 11X RPTD: 7-08 TO 9-10 U

[REDACTED]

[REDACTED]

[REDACTED]

----- FRAUD SHIELD SUMMARY [REDACTED]

[REDACTED]

----- PROFILE SUMMARY -----

[REDACTED]

----- SCORE SUMMARY [REDACTED]

[REDACTED]

----- TRADES [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1065 Form Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2012, or tax year beginning _____, ending _____ EXTENSION GRANTED TO 09/16/13		OMB No. 1545-0048 2012	
A Principal business activity CREDIT CARD PROCESSING		Name of partnership DOING WHAT'S POSSIBLE, LLC		D Employer identification number 45-2697508	
B Principal product or service CREDIT CARD PROCESSING		Print or type. 701 NORTH GREEN VALLEY PRKWAY, STE 200		E Date business started 07/06/2011	
C Business code number 525990		City or town, state, and ZIP code HENDERSON NV 89074		F Total assets \$ 10,132.	
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return (6) <input type="checkbox"/> Technical termination - also check (1) or (2)					
H Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____					
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 2					
J Check if Schedules C and M-3 are attached <input type="checkbox"/>					

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales		1a 173,596.	Income	1c 154,616.
	b Returns and allowances		1b 18,980.		2
	c Balance. Subtract line 1b from line 1a				3 154,616.
	2 Cost of goods sold (attach Form 1125-A)				4
	3 Gross profit. Subtract line 2 from line 1c				5
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)				6
	5 Net farm profit (loss) (attach Schedule F (Form 1040))				7
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				8 154,616.
7 Other income (loss) (attach statement)			9 3,000.		
8 Total income (loss). Combine lines 3 through 7			10		
9 Salaries and wages (other than to partners) (less employment credits)			11		
10 Guaranteed payments to partners			12		
11 Repairs and maintenance			13 3,429.		
12 Bad debts			14 323.		
13 Rent			15		
14 Taxes and licenses			16a		
15 Interest			16b		
16 a Depreciation (if required, attach Form 4562)			16c		
b Less depreciation reported on Form 1125-A and elsewhere on return			17		
17 Depletion (Do not deduct oil and gas depletion.)			18		
18 Retirement plans, etc.			19		
19 Employee benefit programs			20 147,428.		
20 Other deductions (attach statement)			21 154,180.		
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			22 436.		
22 Ordinary business income (loss). Subtract line 21 from line 8					

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge. Signature of general partner or limited liability company member manager _____ Date _____		May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only Print/Type preparer's name CRAIG CHANEY Preparer's signature _____ Date _____ Check <input type="checkbox"/> if self-employed PTIN P00163210 Firm's name BROCK AND COMPANY, CPAS, P.C. Firm's EIN 84-0930288 Firm's address 900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501 Phone no. 303-776-2160			

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2012)

1065 Form Department of the Treasury Internal Revenue Service		U.S. Return of Partnership Income For calendar year 2013, or tax year beginning _____, ending _____ EXTENSION GRANTED TO 09/15/14		OMB No. 1545-0099 2013	
A Principal business activity CREDIT CARD PROCESSING		Name of partnership DOING WHAT'S POSSIBLE, LLC		D Employer identification number 45-2697508	
B Principal product or service CREDIT CARD PROCESSING	Type or Prior	Number, street, and room or suite no. If a P.O. box, see the instructions. 701 NORTH GREEN VALLEY PRKWAY, STE 200		E Date business started 07/06/2011	
C Business code number 525990		City or town, state or province, country, and ZIP or foreign postal code HENDERSON NV 89074		F Total assets \$ 5,805.	

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☒ Amended return
 (6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year **2**

J Check if Schedules C and M-3 are attached ☐

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	944,374.		
	b Returns and allowances	1b	184,167.		
	c Balance. Subtract line 1b from line 1a			1c	760,207.
	2 Cost of goods sold (attach Form 1125-A)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	760,207.
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6	
7 Other income (loss) (attach statement)			7		
8 Total income (loss). Combine lines 3 through 7			8	760,207.	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9	3,000.
	10 Guaranteed payments to partners			10	
	11 Repairs and maintenance			11	
	12 Bad debts			12	
	13 Rent			13	3,141.
	14 Taxes and licenses		SEE STATEMENT 1	14	310.
	15 Interest			15	
	16 a Depreciation (if required, attach Form 4562)	16a			
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c	
	17 Depletion (Do not deduct oil and gas depletion.)			17	
	18 Retirement plans, etc.			18	
	19 Employee benefit programs			19	
	20 Other deductions (attach statement)		SEE STATEMENT 2	20	753,729.
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21	760,180.
22 Ordinary business income (loss). Subtract line 21 from line 8			22	27.	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Signature of general partner or limited liability company member manager _____		Date _____		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CRAIG CHANEY				P00163210
	Firm's name	Firm's EIN			
	BROCK AND COMPANY, CPAS, P.C.	84-0930288			
	Firm's address	Phone no.			
	900 S MAIN STREET, SUITE 200 LONGMONT, CO 80501	303-776-2160			

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2013)

FULFILLMENT SERVICES AGREEMENT

This Fulfillment Services Agreement ("Agreement") is made and effective January 5, 2015, ("Effective Date").

BETWEEN: RevGo (the "RevGo "), a limited liability company organized and existing under the laws of the state of Nevada, with its head office located at:

7565 Commercial Way
Unit E
Henderson, NV 89011

AND: Doing What's Possible, LLC (the "Doing What's Possible"), a limited liability company organized and existing under the laws of Nevada with its head office located at:

701 North Green Valley Parkway
Suite 200
Henderson, NV 89074

WITNESSETH:

WHEREAS, Doing What's Possible is in the business of developing, producing, marketing and selling products direct to consumers;

WHEREAS, Doing What's Possible is interested in using RevGo's services to fulfill certain obligations and RevGo desires to fulfill such obligations, in accordance with the terms and conditions set forth below.

WHEREAS, RevGo desires to provide the fulfillment services to Doing What's Possible on the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and promises herein contained and other good and valuable consideration the sufficiency of which is acknowledged, the parties, each intending to be legally bound, hereby agree as follows:

1. SCOPE OF THE AGREEMENT

During the term of this Agreement, RevGo shall perform certain services for Doing What's Possible including, without limitation, receipt, put away, storage, order selection, shipment, processing of returns, related customer service and administrative functions and other services described in the attachments to this Agreement (collectively, the "Services"). RevGo shall provide all personnel and shall perform the Services in a good and efficient manner. RevGo shall supply all necessary training to employees and staff members working within the fulfillment facility located at 7565 Commercial Way, Unit E, Henderson, NV 89011 (the "Facility").

2. INDEPENDENT CONTRACTOR STATUS

This Agreement does not constitute a hiring by either party. It is the parties' intention that RevGo be an independent contractor and not be an employee for any purposes including, but not limited to, Nevada State laws. RevGo shall retain sole and absolute discretion in the manner and means of carrying out their activities and responsibilities under this Agreement. This Agreement shall not be considered or construed

and effect without being impaired or invalidated in any way. This Agreement shall not be terminated by the merger or consolidation of Doing What's Possible into or with any other entity.

25. GOVERNING LAW

a. This Agreement shall be governed by, and construed under, the laws of the state of Nevada.

26. COUNTERPARTS. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first above written.

DOING WHAT'S POSSIBLE, LLC


Authorized Signature

Tere Doble, Manager

RevGo, LLC



Authorized Signature

Brian Lint, Manager

PX11

PPS Attachment G

How and Why Account Documents

MERCHANT APPLICATION					
		Merchant # _____ <input checked="" type="checkbox"/> New Location <input type="checkbox"/> Additional Location 3000 S. Robertson Blvd • Ste 295 • Los Angeles, CA 90034 310-220-0624 • Fax 310-602-6282 www.globalmerchantadvisors.com			
		Merchant Accepts Donate Wise Now <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>By checking yes and signing this application and agreement, you indicate your acceptance of the Greenwise GreenSuite and DonateWiseNow Program terms and conditions. Note: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations. (See Terms and Conditions for further information)</small>			
Business Information					
Legal Name (as it appears on your income tax return):		Name of Account (Doing Business As):			
How and Why LLC		20 Minute Beauty Mobile			
Legal Address:		Physical Street Address (No P.O. Box):			
2850 W Horizon Ridge Pkwy, Suite 200		2850 W Horizon Ridge Pkwy, Suite 200			
City:	State:	Zip:	City:	State:	Zip:
Henderson	NV	89052	Henderson	NV	89052
Phone #:	Contact:	DBA Phone #:		Fax #:	
(702) 430-4574	Mark Santiago	(888) 628-8669		()	
Must Choose One Mailing Address:		E-Mail Address:		Website Address:	
<input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address		mark@20minutbeautymobile.com		www.20minutbeautymobile.com	
Federal Tax # (as it appears on your income tax return)	# of Locations	Years in Business	Years Owned Business		
275254040	1	1.5	1.5		
Place of Legal Formation:		Country of Primary Business Operations:			
Nevada		USA			
Bank Reference:		Contact:	Phone #:		
JP Morgan Chase		Jullo Jauregui	(702) 259-0796		
Owners or Officers: Individual Ownership Must be Equal to or Greater than 50%					
Name:		Title:	Date of Birth:	Applicant's SS #:	% Equity Ownership:
1. Mark Santiago		Manager	1984		80
Residence Address:		City:	State:	Zip:	# Years:
		Longmont	CO	80503	1
US Government Issued ID#:	Type of ID:	Expiration Date:	Country of Citizenship (if not US):		Home Phone:
	Driver's License	2014			
Name:		Title:	Date of Birth:	Applicant's SS #:	% Equity Ownership:
2.					
Residence Address:		City:	State:	Zip:	# Years:
US Government Issued ID#:	Type of ID:	Expiration Date:	Country of Citizenship (if not US):		Home Phone:
Business Profile			Sales Profile		
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc/Estates/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government <input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input checked="" type="checkbox"/> Single Member LLC <input type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other:			Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Home Based <input type="checkbox"/> Other		
Type of Goods or Services Sold: <input type="checkbox"/> Skin care products Do you currently accept Discover or Visa/Mastercard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you should submit 3 current months' statements.)			SIC Code: 5963 Name of Current Processor: RMS, Meritus		
Has Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Discover/Visa/MasterCard Sales Profile (Be Accurate): Card Swipe % Manual Key Entry with Imprint, Card Present % Mail Order/Telephone % Internet 100 % Total = 100%		
Business Trade Suppliers - List Two					
Name:		Address:	Contact:	Phone #:	
TJ Richards		Longmont, CO	Brandon Scott	(303) 772-8422	
Name:		Address:	Contact:	Phone #:	
United One Infl Labs		Farmer's Branch, TX	James Mitchell	(972) 490-3300	
Merchant Site Survey Report - To Be Completed by Sales Representative					
Merchant Location:		<input type="checkbox"/> Retail Location with Store Front <input checked="" type="checkbox"/> Office Building <input type="checkbox"/> Residence <input type="checkbox"/> Other			
Area Zoned:		<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential			
Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If No, explain:					
The Merchant:		Landlord Name & Phone #:			
<input type="checkbox"/> Owns <input checked="" type="checkbox"/> Leases the Business Premises		Deans			
Further Comments by Inspector (Must Complete)		Dallas, TX			
I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.					
Verified and Inspected by:		Office #:	Representative #:	Representative Signature:	Date:
X				X	10/17/12
While Copy - Bank - Pink Copy - Merchant Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL					

Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates

Merchant Chooses to accept the following:

DISC/VS/MC (Other Cards) Discount Rate: _____ %
 VS/MC Discount Rate for Debit Cards: _____ %
 AMEX Discount Rate: _____ %

Fees

DISC/VS/MC Transaction Fee: _____ Per Item
 Non-Bankcard Transaction Fee: _____ Per Item
 Statement Fee: _____ Monthly
 VIMAS Online Service: _____ Monthly
 Monthly Minimum: _____ Monthly
 Annual Fee: _____ Per Year
 Debit Transaction Fee Plus Network Fees: _____ Per Item
 EBT Transaction Fee: _____ Per Item
 EBT Statement Fee: _____ Monthly
 Batch Fee: _____ Per Batch
 Manual Imprinter: _____ One Time
 Chargeback Fee: _____ \$35.00 Per Item
 ACH Reject Fee: _____ \$25.00 Per Item
 Retrieval Fee: _____ \$5.00 Per Item
 Voice Authorization Fee: _____ \$0.95 Per Call
 Gateway Access Fee: _____ Monthly
 AVS Surcharge: _____ Per Item
 Government Compliance Fee: _____ \$8.95 Monthly
 TIN Mismatch Fee: _____ \$325.00 Until Validated
 Early Termination Fee: _____ \$495.00 One Time

Misc Fees: Start Mo/Yr: Amount: Terms:
 #1 _____
 #2 _____
 #3 _____
 #4 _____

1) If we understand and agree that while my/our discount rate as stated above will be charged on most electronically authorized payment card transactions that are in batches closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples where higher rates apply include but are not limited to are MOTO, keyed in transactions, transactions without AVS, business and foreign card transactions. 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Risk Identification Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. Do you use a third party to store or transmit Cardholder data? ☐ Yes ☐ No. Give name/address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any Software used for storing, transmitting or processing Card Transactions or Authorization requests.

Merchant Benefits Club

☒ Yes, I want to participate in the optional Merchant Benefits Club which includes equipment support and replacement for an additional \$14.99 per terminal/peripheral per month. Initials: X

American Express

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize ESA and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agents, subcontractors, Affiliates, and other parties for any purpose permitted by law. I authorize and direct ESA and American Express and American Express's agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon American Express's approval of the application, the entity will be provided with the Agreement and materials welcoming it to American Express's Card acceptance campaign.

☐ Retail - \$0.10 Trans Fee + 0.30% CNP Downgrade Services

☐ Wholesale & All Other - \$0.15 Trans Fee

Signature: X

Date:

Debit/Credit Authorization - Include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynergy Data, LLC ("Processor") or BMO Harris Bank, N.A., ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for such transactions. This Automated Clearing House authorization cannot be revoked until all Merchant obligations under this Agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA:

908

ABA Routing:

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual credit or financial responsibility. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.

AVERAGE TICKET SIZE: 36.00AVERAGE MONTHLY VOLUME: 50,000

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank, N.A., Chicago, IL. By signing below you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

Individual Guaranty - No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED

X Made S. H. 10/12/12

#1 From Application - Signature Date

X _____ Date

#2 From Application - Signature Date

PPS Attachment G-2

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

For All Businesses - Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

How & Why, LLC

Print Legal Name of Merchant Business

10/12/12

X Made S. H. 10/12/12

#1 From Application - Signature Date

X _____ Date

Accepted by Processor Date

X _____ Date

Accepted by BMO Harris Bank, N.A., Chicago, IL Date

PPSISL0801190/01/2011
Page 7 of 10

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund / Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!!!! You must contact your sales representative immediately upon completing the above 7 internet processing requirements!

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochure, promotional materials, product catalogue, etc. How will product be advertised or promoted?

If advertising on Internet, list website address: www.20minutebeautymobile.com

Preferred 23 character (or less) DBA identifier (appears on customers' billing statement)

h w 2 0 m i n * b + y 8 8 8 5 2 8 8 5 6 9

List name(s) and address(es) of vendor from which the product is purchased:

United One International Laboratories Farmers Branch, TX and TJ Richards Longmont, CO

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

Sniper Solutions, 7251 W. Lake Mead Blvd., Ste. 300, Las Vegas, NV 89128 702-562-4218

List geographical area(s) in which the product or service will be marketed and sold: US, Canada, UK

List carrier services that will deliver product or service: USPS

What is your return or refund policy? full refund of product price within 30 days of shipment date

How does the customer order the product or service? via the internet

When you receive an authorization, how long before merchandise is shipped or services are provided? same business day

Do you perform recurring monthly billing? ☒ Yes ☐ No If Yes, ☒ Monthly ☐ Quarterly ☐ Bi-annual ☐ Annual

Is your database collecting entire credit card numbers? ☒ Yes ☐ No If Yes, are you PCI compliant? ☒ Yes ☐ No

This amendment is made by & between BMO Harris Bank, N.A., Chicago, IL ('Bank'), & the undersigned "MERCHANT" & subject to the approval of BANI
WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/ services to customers; and

WHEREAS: BANK and MERCHANT has entered into BMO Harris Bank, N.A., Chicago, IL ('Bank') VISA/MasterCard Processing Agreement ('Agreement'). **NOW THEREFORE** in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

DATE: 10/12/12

Mark Santiago
 OWNER / OFFICER

Authorized BMO Harris Bank, N.A. Agent

Mark Santiago
 Print Name

Print Name

How and Why, LLC
2850 W Horizon Ridge Parkway, Suite 200
Henderson, NV 89052

JPMORGAN CHASE BANK, NA
90-7162/3222

1001

Pay to the
Order of

\$

Dollars

VOID

⑈001001⑈

1908⑈

How and Why, LLC

1001

How and Why, LLC

1001



HOW AND WHY LLC
2850 W HORIZON RIDGE PKWY STE 200
Henderson, NV 89052

09901

DATE

90-78/1211

PAY TO THE
ORDER OF

\$

DOLLARS



FOR

VOID

THRU
PO BOX 105
HAWT, CA 95144
1-800-480-265

27250 09901



TRANSUNION CONSUMER CREDIT REPORT

Subscriber Name: GLOBAL MERCH
 Subscriber Code/Market: F 5756620 12 01
 Results Issued: 11/06/12 19:00 CT

INPUT PARAMETERS FOR PRIMARY SUBJECT

Reference ID:
 SSN: [REDACTED]
 Name: Santiago, Mark
 Current Address: [REDACTED]
 longmont CO.80503

SANTIAGO, MARK A.

Also Known As:

SSN: [REDACTED] Phone: [REDACTED]
 Date of Birth: [REDACTED]/84

In File Since: 5/03

Current Address:

LONGMONT CO. 80503

Reported 4/12

Previous Address:

LAFAYETTE CO. 80026

Reported 12/07

Previous Address:

BROOMFIELD CO. 80020

EMPLOYMENT

CONVERTIS

Position:

Start:

End:

In File Since: 6/07

Effective: 6/07

SCORING

Type

Score

Explanation

CREDIT INFORMATION Summary (Total History)

TRADES

Remarks:

PX11

PPS Attachment H

Indigo Systems Account Documents

MERCHANT APPLICATION

**PRIORITY
PAYMENT SYSTEMS®**

Merchant # _____

☐ New Location ☐ Additional Location2001 Westside Parkway • Suite 155 • Alpharetta, GA 30004 • 1.800.935.5981
www.prioritypaymentsystems.comMerchant Accepts GreenSuite – DonateWiseNow ☐ Yes ☐ No

By checking yes and signing this application and agreement, you indicate your acceptance of the GreenSuite and DonateWiseNow Program terms and conditions.

► Business Information

Note: Your Business Legal Name and Tax ID Number must be entered exactly as it appears on your Income Tax Return or on your SS4-Employer Identification Number (EIN) letter to avoid fees and income withholding by the IRS.

Legal Name (as it appears on your Income tax return): Indigo Systems, LLC		Name of Account (Doing Business As): Blizzard White Ultra	
Legal Address: 8888 Keystone Crossing, Ste. 1300		Physical Street Address (No P.O. Box): 8888 Keystone Crossing, Ste. 1300	
City: Indianapolis, IN 46240	State: IN	City: Indianapolis, IN 46240	State: IN
Phone #: (317) 575-4125	Contact: Ryan Reichenbach	DBA Phone #: (866) 229-2823	Fax #: (303) 530-0771
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address		E-Mail Address: ryan@blizzardwhiteultra.com	
Federal Tax #: 46-5365379		Website Address: www.blizzardwhiteultra.com	
# of Locations: 1	Years In Business: April 2013	Years Owned Business: April 2013	
Place of Legal Formation: Indiana		Country of Primary Business Operations: USA	
Bank Reference: Great Western Bank		Contact: Pat Walton	Phone #: (303) 225-7425
► Owners or Officers – Individual Ownership Must be Equal to or Greater than 50%			
Name: 1. Ryan Reichenbach		Title: Manager	Date of Birth: 1969
Residence Address: [REDACTED]		City: Superior	State: CO
US Government Issued ID#: [REDACTED]		Type of ID: CO DL	Expiration Date: 2017
Country of Citizenship (if not US): [REDACTED]		Home Phone: [REDACTED]	
Name: 2. [REDACTED]		Title: [REDACTED]	Date of Birth: [REDACTED]
Residence Address: [REDACTED]		City: [REDACTED]	State: [REDACTED]
US Government Issued ID#: [REDACTED]		Type of ID: [REDACTED]	Expiration Date: [REDACTED]
Country of Citizenship (if not US): [REDACTED]		Home Phone: [REDACTED]	

► Business Profile

► Sales Profile

Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc./Estates/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government <input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input checked="" type="checkbox"/> Single Member LLC <input type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other _____		Merchant Type:	Discover/Visa/MasterCard Sales Profile
Type of Goods or Services Sold: teeth whitening		<input type="checkbox"/> Retail	Be Accurate:
Do you currently accept Discover/Visa/Mastercard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you should submit 3 current months' statements.)		<input type="checkbox"/> Restaurant	Card Swipe _____ %
Name of Current Processor: Harris, Woodforest		<input type="checkbox"/> Lodging	Manual Key Entry with Imprint, Card Present _____ %
Has Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Service	Mail Order/Telephone _____ %
Date: _____		<input type="checkbox"/> Home Based	Internet 100 %
		<input type="checkbox"/> Other	Total = 100 %

► Business Trade Suppliers – List Two

Name: Rapid Color Printing	Address: 6445 Karmas Park Ct, Las Vegas, NV 89118	Contact: Kat Cruz	Phone #: (702) 792-6055
Name: Venit	Address: 6591 Beverly Blvd., Box #310	Contact: Shane Lynch	Phone #: (323) 655-5789

► Merchant Site Survey Report – To Be Completed by Sales Representative

Merchant Location: <input type="checkbox"/> Retail Location with Store Front <input type="checkbox"/> Office Building <input type="checkbox"/> Internet <input type="checkbox"/> Residence <input type="checkbox"/> Other _____	Area Zoned: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential	Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+
Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, explain: _____		
The Merchant: <input type="checkbox"/> Owns <input type="checkbox"/> Leases the Business Premises		
Landlord Name & Phone #: _____		
Further Comments by Inspector (Must Complete) _____		

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by: _____ Office #: _____ Representative #: _____ Representative Signature: _____ Date: _____

X

X

White Copy – Bank • Pink Copy – Merchant

Discover / Visa / Mastercard Standard Retail / High Risk Retail Rates				Mail / Phone / Internet / Touchtone Rates			
Merchant Chooses to accept the following: DISC/VSMC (Other Cards) Discount Rate: <u>3.8% + 0.00 / 5.95% + 0.00</u> VSMC Discount Rate for Debit Cards: <u>3.84% + 0.00 / 5.85%</u>				Merchant Chooses to accept the following: DISC/VSMC (Other Cards) Discount Rate: _____ VSMC Discount Rate for Debit Cards: _____			
▶ Fees				▶ Fees			
DISC/VSMC Transaction Fee:		<u>\$0.25</u>	Per Item	DISC/VSMC Transaction Fee:		_____	Per Item
Non-Bankcard Transaction Fee:		<u>\$0.25</u>	Per Item	Non-Bankcard Transaction Fee:		_____	Per Item
Non-Bankcard: _____ % Discount Rate		_____	Per Item	Non-Bankcard: _____ % Discount Rate		_____	Per Item
Statement Fee:		<u>\$10</u>	Per Item	Statement Fee:		_____	Monthly
VIMAS Online Service:		_____	Monthly	VIMAS Online Service:		_____	Monthly
Monthly Minimum:		<u>\$25</u>	Monthly	Monthly Minimum:		_____	Monthly
Debit Transaction Fee Plus Network Fees:		_____	Per Item	MOTO/Internet Surcharge:		_____	Per Item
EBT Transaction Fee:		_____	Per Item	AVS Surcharge:		_____	Per Item
EBT Statement Fee:		_____	Monthly	Batch Fee:		_____	Per Batch
Batch Fee:		<u>\$0.35</u>	Per Batch	Manual Imprinter: QTY: _____		_____	One Time
Manual Imprinter: QTY: _____		_____	One Time	Chargeback Fee:		_____	Per Item
Chargeback Fee:		<u>\$35</u>	Per Item	ACH Reject Fee:		<u>\$25.00</u>	Per Item
ACH Reject Fee:		<u>\$25.00</u>	Per Item	Retrieval Fee:		_____	Per Item
Retrieval Fee:		<u>\$5</u>	Per Item	Voice Authorization Fee:		_____	Per Call
Voice Authorization Fee:		<u>\$1.50</u>	Per Call	Gateway Access Fee:		_____	Monthly
Gateway Access Fee:		_____	Monthly	Government Compliance Fee:		_____	Per Month
AVS Surcharge:		<u>\$0.05</u>	Per Item	TIN Mismatch Fee:		<u>\$4.95</u>	Until Validated
Government Compliance Fee:		<u>\$3</u>	Per Month	Donate/WinNow Fee:		_____	Per Month
TIN Mismatch Fee:		<u>\$4.95</u>	Until Validated	Early Termination Fee:		_____	One Time
Donate/WinNow Fee:		_____	Per Month				
Early Termination Fee:		_____	One Time				
Misc Fees:				Misc Fees:			
#1	Start Mo/Yr:	Amount:	Terms:	#1	Start Mo/Yr:	Amount:	Terms:
#2	_____	_____	_____	#2	_____	_____	_____
#3	_____	_____	_____	#3	_____	_____	_____
#4	_____	_____	_____	#4	_____	_____	_____
#5	_____	% of Volume and/or \$ _____	per item	#5	_____	% of Volume and/or \$ _____	per item

1) I/We understand and agree that while my/our Discount Rate as stated above will be charged on most electronically authorized payment card transactions batched and closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples of where higher rates may apply, include but are not limited to, MOTO, keyed in transactions, transactions without AVS, business and foreign card transactions (See Section 7.3 for further information on Discount Rates 2 and 3). 2) Pass-through Association fees include Visa Acquiring Processing Fee, Visa Misuse of Auth Fee, Visa International Service Assessment Fee (ISA), Visa Zero Floor Limit Fee, Visa International Acquirer Fee, MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Associations' website for further details. 3) By checking the "Yes" checkbox, I acknowledge that I am using a third party to store, process or transmit cardholder data. ☒ Yes
 Give name/address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any software used for storing, transmitting or processing Card Transaction or Authorization requests.

▶ My Merchants Benefits Club

☐ The representative has explained the My Merchant Benefits Club program to me and I elect to opt out of the program. I understand I can opt into the program at any time and benefit from great deals, including equipment support and replacement per terminal/peripheral (where applicable), as well as great discounts for items such as car rentals, hotels, office supplies, health, legal services and more for my company and employees for an additional fee of \$14.95 per month. Initials: X RL

▶ Next Day Funding

☒ Next Day Funding* _____ Per Month (POS Device batch must be closed by 8pm EST/5pm PST)

*Next Day Funding is subject to approval. All payments are provisional and are subject to, including but not limited to, additional fees, chargebacks, withholding, set off, security and reserve rights. Cynergy Data or Bank will not be liable for any delay in receipt of funds, fees for any delays, or errors in debit and credit entries caused by third parties, including but not limited to, any Association or your financial institution. For more information, see Section 6, "Settlement of Card Transactions" of this agreement.

► American Express

Estimated Annual American Express Charge Volume \$ _____ Average Ticket \$ _____

☐ American Express ESA

Existing ESA SE _____

Merchant CAP _____

Discount Rate _____ %

Per Transaction Fee \$ _____

OR

PrePaid Discount Rate _____ %

PrePaid Per Transaction Fee \$ _____

☐ \$7.65/month option for merchants under \$5,000 – mandatory for Internet-Physical Delivery, MO/TO and Home-Based regardless of volume (ESA program only)☐ New American Express OnePoint

Discount Rate _____ %

Per Transaction Fee \$ _____

PrePaid Discount Rate _____ %

PrePaid Per Transaction Fee \$ _____

All fees are applicable to OnePoint and ESA unless otherwise stated.

Card Not Present (CNP) Fee:

0.30% Downgrade

Inbound Fee:

0.40% Downgrade for all Cross-Border Transactions

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity, which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize Cynergy Data, LLC and American Express Travel Related Services Company, Inc. ("AXP"), and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies from time to time, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Cynergy Data, LLC and AXP and AXP's agents and Affiliates to inform me directly, or inform the entity above, about the contents of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports on me from consumer reporting agencies for marketing and administrative purposes. I am able to read and understand the English language. Please read the American Express Privacy Statement at <http://www.americanexpress.com/privacy> to learn more about how American Express protects your privacy and how American Express uses your information. I understand that I may opt out of marketing communications by visiting this website or contacting American Express at 1-800-628-6200.

I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Cynergy Data, LLC to perform services for AXP (OnePoint) or to AXP's standard Card acceptance program (ESA) which has different servicing terms (e.g. different speeds of pay).

If qualified for OnePoint, I acknowledge that Cynergy Data will provide merchant instructions on accessing the American Express Terms and Conditions (Agreement for American Express® Card Acceptance American Express OnePoint® Program) and the American Express Merchant Regulations – U.S. including any updates to these regulations as they are made available via <https://www.nybackoffice.com/corporatesite/login.asp>. Specific instructions will be delivered to the entity via a welcome letter that will be forthcoming upon account approval.

I understand that if the entity does not qualify for the Cynergy Data, LLC. servicing program that the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement.

Merchant Signature _____

Date: _____

► Debit/Credit Authorization – include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynergy Data, LLC. ("Processor") or BMO Harris Bank N.A. ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This automated clearing House authorization cannot be revoked until all Merchant obligations under this agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA: 0032

ABA Routing: _____

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual guarantor(s) or from any other person or entity with financial responsibilities under this agreement. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. By signing below, or clicking I accept, Merchant represents that the information provided in this Application is true, complete and not misleading in any way.

AVERAGE TICKET SIZE: 39.99AVERAGE MONTHLY VOLUME: 50,000.00

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 15.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank N.A. Chicago, IL. By signing below, you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

► Individual Guaranty – No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantee the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understand that the inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED:

X

12/31/14

#1 From Application – Signature

Date

X

#2 From Application – Signature

Date

► For All Businesses – Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Indigo Systems, LLC

Print Legal Name of Merchant Business

X

12/31/14

#1 From Application – Signature

Date

X

#2 From Application – Signature

Date

X

Accepted by Processor

Date

X

Accepted by BMO Harris Bank N.A. Chicago, IL

Date

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

Indigo Systems LLC
8888 Keystone Crossing
Suite 1300
Indianapolis IN 46240

GREAT WESTERN BANK
78-873/914

1000

PAY TO THE
ORDER OF

\$

DOLLARS

▲ TAMPER RESISTANT TONER AREA ▲

MEMO

001000

0032

Indigo Systems LLC

1000

Indigo Systems LLC

1000

PAYMENT
RECORD



cynergydata

All you. All the time.

Cynergy Data
30-30 47th Avenue 8th Floor
Long Island City NY 11101
Tel: 800-933-0064
Fax: 718-588-4822

CHANGE OF BANK ACCOUNT REQUESTDate: 9/1/15

To: _____

From: Ryan Reichenbach

Owner's Name

Indigo Systems, LLC

Business Name

3899 00000 2747846

Merchant Number

New Bank/DDA/Routing Information:US Bank

Bank Name:

Acct. Number:

Routing Number:

I (Merchant) agree, by my signature below, to the above changes and I further agree to these changes with regards to programming. I have enclosed a voided pre-printed check from the new bank account.

X [Signature]

Merchant Signature

X [Redacted]

Call Back Contact Number

NOTE: Temporary Checks are not acceptable. A Voided Pre-Printed Check or a Bank Letter for the new account must be attached (if mailed) or faxed to: (718) 588-4822.

***If you have changed Corporate Name, Ownership, Partners, or changed from Sole proprietor to Corporation, you **MUST** fill out a new application.

***Validation of New Bank Account Information is required. Customer Service will contact you for completion upon receiving this request.

**** Please note that this change will only reflect for Visa, MasterCard and Discover processing.

For American Express, please contact them directly at:
AMERICAN EXPRESS (800) 628.6200

New Bank/DDA/Routing Information

PLACE VOIDED CHECK HERE

INDIGO SYSTEMS LLC
8888 KEYSTONE XING STE 1300
INDIANAPOLIS IN 46240-4600

100

DATE _____

PAY TO THE
ORDER OF _____

\$

DOLLARS



Security Features
Hologram
Genuine on Back

usbank. All of us serving you®

VOID

MEMO _____

MP

0934110100



PO Box 246, Alpharetta, GA 30009-0246
Tel: 888-830-0555 | Fax: 516-450-3487
Email: accountchanges@pps.io

ACCOUNT CHANGE REQUEST FORM

Date: 5/26/15

MID#

7846

Doing Business as (DBA) Name: Blizzard White Ultra

Legal Name (Current): Indigo Systems, LLC

(For Legal Name Changes, a new merchant application will be required. Please contact your Sales Agent or Client Services)

Please fill out information you wish to have updated:

Email Address: _____

DBA Phone No: _____

Mailing Address: 8888 Keystone Crossing

DBA Fax No: _____

Ste. 1300

New Web Address: _____

Indianapolis, IN 46240

*The email you provide will be sent either a reminder of your statement availability or your statement. We will also send any communications to that email as well. Your email address will not be sold to a third party

DBA Changes Requested:

DBA Name: _____

Additional documents are required along with this form:

DBA Name Change, You must send one of the following: • Business Certificate • Preprinted Voided Check

DBA Address: 8888 Keystone Crossing, Ste. 1300

City: Indianapolis State: IN Zip Code: 46240

Additional documents are required along with this form:

DBA Address, a proof of address is required. You must send one of the following:

• A Business Certificate • Preprinted Voided Check • Copy of a Valid Utility Bill • Copy of Business Location Lease.

**PLACE COPY OF
IDENTIFICATION HERE**
FOR SIGNATURE VERIFICATION PURPOSES

*Without this requirement your request
will not be completed.

*Please ensure copy is legible to prevent any
delays with your request.

Fax this letter to: **516.450.3487** In care of Account Changes

Or you can scan and email this letter to : accountchanges@pps.io

Merchant Owner's Signature: _____

Date: 5/26/15

FULFILLMENT SERVICES AGREEMENT

This Fulfillment Services Agreement ("Agreement") is made and effective June 1, 2013, ("Effective Date").

BETWEEN: RevGo (the "RevGo "), a limited liability company organized and existing under the laws of the state of Nevada, with its head office located at:

7565 Commercial Way
Unit E
Henderson, NV 89011

AND: Indigo Systems, LLC (the "Indigo Systems"), a limited liability company organized and existing under the laws of Indiana with its head office located at:

8888 Keystone Crossing
Suite 1300
Indianapolis, IN 46240

WITNESSETH:

WHEREAS, Indigo Systems is in the business of developing, producing, marketing and selling products direct to consumers;

WHEREAS, Indigo Systems is interested in using RevGo's services to fulfill certain obligations and RevGo desires to fulfill such obligations, in accordance with the terms and conditions set forth below.

WHEREAS, RevGo desires to provide the fulfillment services to Indigo Systems on the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and promises herein contained and other good and valuable consideration the sufficiency of which is acknowledged, the parties, each intending to be legally bound, hereby agree as follows:

1. SCOPE OF THE AGREEMENT

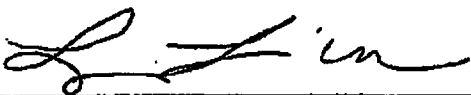
During the term of this Agreement, RevGo shall perform certain services for Indigo Systems including, without limitation, receipt, put away, storage, order selection, shipment, processing of returns, related customer service and administrative functions and other services described in the attachments to this Agreement (collectively, the "Services"). RevGo shall provide all personnel and shall perform the Services in a good and efficient manner. RevGo shall supply all necessary training to employees and staff members working within the fulfillment facility located at 7565 Commercial Way, Unit E, Henderson, NV 89011 (the "Facility").

2. INDEPENDENT CONTRACTOR STATUS

This Agreement does not constitute a hiring by either party. It is the parties' intention that RevGo be an independent contractor and not be an employee for any purposes including, but not limited to, Nevada State laws. RevGo shall retain sole and absolute discretion in the manner and means of carrying out their activities and responsibilities under this Agreement. This Agreement shall not be considered or construed to be a partnership or joint venture, and Indigo Systems shall not be liable for any obligations incurred by RevGo unless specifically authorized in writing by Indigo Systems. RevGo shall not act as an agent of

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first above written.

INDIGO SYSTEMS, LLC

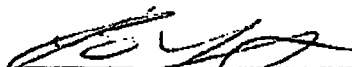


Authorized Signature

Ryan Reichenbach

Ryan Reichenbach, Manager

RevGo, LLC



Authorized Signature

Brian Lint

Brian Lint, Manager

PX11

PPS Attachment I

Sandstone Beach Account Documents

MERCHANT APPLICATION


GMA
 Global Merchant Advisors

Merchant # _____

☒ New Location ☐ Additional Location

3000 S. Robertson Blvd • Ste 295 • Los Angeles, CA 90034

310-220-0624 • Fax 310-602-6282

www.globalmerchantadvisors.com

Merchant Accepts Donate Wise Now ☐ Yes ☐ No

By checking yes and signing this application and agreement, you indicate your acceptance of the Greenwise GreenSuite and DonateWiseNow Program terms and conditions.

 Note: Failure to provide accurate information may result in withholding of merchant funding per IRS regulations.
 (See Terms and Conditions for further information)

Legal Name (as it appears on your income tax return):

Sandstone Beach, LLC

Name of Account (Doing Business As):

Sedona Beauty Direct

Legal Address:

3420 E. Shea Blvd., Ste 200

Physical Street Address (No P.O. Box):

3420 E. Shea Blvd., Ste 200

City:

Phoenix

State:

AZ

Zip:

85028

City:

Phoenix

State:

AZ

Zip:

85028

Phone #:

(802) 903-2477

Contact:

Ryan McWilliams

DBA Phone #:

(888) 978-2848

Fax #:

()

Must Choose One Mailing Address:

☐ DBA Address ☒ Legal Address

E-Mail Address:

ryan@sedonabeautydirect.com

Website Address:

www.sedonabeautydirect.com

Federal Tax # (as it appears on your income tax return)

456359919

of Locations

1

Years in Business

8 mos

Years Owned Business

8 mos

Place of Legal Formation:

Arizona

Country of Primary Business Operations:

USA

Bank Reference:

JP Morgan Chase

Contact:

Joe Rodriguez

Phone #:

(480) 970-7097

☒ Owners or Officers: Individual Ownership Must be Equal to or Greater than 50%

Name:

1. Ryan McWilliams

Title:

Manager

Date of Birth:

1979

Applicant's SS #:

[REDACTED]

% Equity Ownership:

80

Residence Address:

[REDACTED]

City:

Ft. Lupton

State:

CO

Zip:

80621

Years:

10

US Government Issued ID#:

[REDACTED]

Type of ID:

Driver's License

Expiration Date:

06/2014

Country of Citizenship (if not US):

Home Phone:

[REDACTED]

Name:

2.

Title:

[REDACTED]

Date of Birth:

[REDACTED]

Applicant's SS #:

[REDACTED]

% Equity Ownership:

[REDACTED]

Residence Address:

[REDACTED]

City:

[REDACTED]

State:

[REDACTED]

Zip:

[REDACTED]

Years:

[REDACTED]

US Government Issued ID#:

[REDACTED]

Type of ID:

[REDACTED]

Expiration Date:

[REDACTED]

Country of Citizenship (if not US):

[REDACTED]

Home Phone:

[REDACTED]

☒ Business Profile

 Type of Ownership: ☐ Sole Proprietor ☐ Assoc/Estates/Trusts ☐ Joint Venture ☐ Government
☐ Corporation (Privately Traded) ☐ Corporation (Publicly Traded) ☐ Medical or Legal Corp
☐ Partnership ☐ Tax Exempt Org ☐ Single Member LLC ☒ Multi Member LLC ☐ Civic Assoc
☐ Limited Partnership ☐ Political Org ☐ Other

Type of Goods or Services Sold:

anti-aging skin care

SIC Code:

5968

Do you currently accept Discover @ Visa/Mastercard?

☒ Yes ☐ No

(If yes, you should submit 3 current months' statements.)

Name of Current Processor:

Meritus, Trust One

Has Merchant or any associated principal disclosed below filed

bankruptcy or been subject to involuntary bankruptcy?

☐ Yes ☒ No

☒ Business Trade Suppliers: List Two

Name:

TJ Richards

Address:

Longmont, CO

Contact:

Brandon Scott

Phone #:

(303) 513-1991

Name:

United One Int'l Labs

Address:

Farmers Branch, TX

Contact:

James Mitchell

Phone #:

(972) 490-3300

☒ Merchant Site Survey Report To Be Completed by Sales Representative

Merchant Location:

☐ Retail Location with Store Front ☐ Office Building ☒ Internet ☐ Residence ☐ Other

Area Zoned:

☒ Commercial ☐ Industrial ☐ Residential

Square Footage:

[REDACTED]

☐ 0-250 ☐ 261-500 ☒ 501-2,000 ☐ 2,001+

Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business?

If No, explain:

☒ Yes ☐ No

The Merchant:

☐ Owns ☒ Leases the Business Premises

Landlord Name & Phone #:

Goldenwest Management

Further Comments by Inspector (Must Complete)

877-333-9429

I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.

Verified and Inspected by:

Office #:

Representative #:

Representative Signature:

Date:

X

X

1/25/13

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

PPS Attachment I-1

PPSISL000602

Discover / Visa / Mastercard / Standard Retail / High Risk Retail Rates

Merchant Chooses to accept the following:

DISC/VMC (Other Cards) Discount Rate: _____ %

VSMC Discount Rate for Debit Card: _____ %

AMEX Discount Rate: _____ %

Fees

DISC/VMC Transaction Fee:	_____	Per Item
Non-Bankcard Transaction Fee:	_____	Per Item
Statement Fee:	_____	Monthly
VIMAS Online Service:	_____	Monthly
Monthly Minimum:	_____	Monthly
Annual Fee:	_____	Per Year
Debit Transaction Fee Plus Network Fees:	_____	Per Item
EBT Transaction Fee:	_____	Per Item
EBT Statement Fee:	_____	Monthly
Batch Fee:	_____	Per Batch
Manual Imprinter:	_____	One Time
Chargeback Fee:	_____	Per Item
ACH Reject Fee:	_____	Per Item
Retrieval Fee:	_____	Per Item
Voice Authorization Fee:	_____	Per Call
Gateway Access Fee:	_____	Monthly
AVS Surcharge:	_____	Per Item
Government Compliance Fee:	_____	Monthly
TIN Mismatch Fee:	_____	Until Validated
Early Termination Fee:	_____	One Time

Misc Fees:	Start Mo/Yr:	Amount:	Terms:
#1			
#2			
#3			
#4			

1) I/we understand and agree that while my/our discount rate as stated above will be charged on most electronically authorized payment card transactions that are in batches closed daily, charges up to 5% higher than my discount rate may apply where additional criteria is not met. Examples where higher rates apply include but are not limited to are MOTO, keyed in transactions, transactions without AVS, business and foreign card transactions. 2) Pass-MC Acquirer Program Support Fee, MC Cross Border Fee, and the MC Network Access and Brand Usage (NABU) Fee. Please visit the Association's website for further details. Do you use a third party to store or transmit Cardholder data? ☐ Yes ☒ No. Give name address: (examples include, but not limited to hosting companies, shopping carts, Loyalty Programs, Electronic Data Capture). Please identify any Software used for storing, transmitting or processing Card Transaction or Authorization requests.

Merchant Benefits Club

☒ Yes, I want to participate in the optional Merchant Benefits Club which includes equipment support and replacement for an additional \$14.99 per terminal/terminal per month. Initials: X

American Express

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete and accurate. I authorize ESA and American Express Travel Related Services Company, Inc. ("American Express") and American Express's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agents, subcontractors, Affiliates, and other parties for any purpose permitted by law. I authorize and direct ESA and American Express and American Express's agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize American Express to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon American Express's approval of the application, the entity will be provided with the Agreement and materials welcoming it to American Express's Card acceptance campaign.

☐ Retail - \$0.10 Trans Fee + 0.00% CNP Downgrade Services

☐ Wholesale & All Other - \$0.15 Trans Fee

Signature: X

Date:

Debit/Credit Authorization - Include a voided check or bank letter verifying bank account information.

Merchant authorizes Cynergy Data, LLC, ("Processor") or BMO Harris Bank, N.A., ("Bank") to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which Processor or Bank are authorized to perform such functions under the Merchant Processing Agreement, for the purposes set forth in the Merchant Processing Agreement. This authorization extends to such entries in said account concerning lease, rental or purchase agreements for POS terminals and/or accompanying equipment and/or check guarantee fees and amounts due for supplies and materials. This Automated Clearing House authorization cannot be revoked until all Merchant obligations under this Agreement are satisfied, and Merchant gives Cynergy Data written notice of revocation.

DDA: 4094

ABA Routing: _____

INVESTIGATIVE CONSUMER REPORT: An investigative or consumer report may be made in connection with application. MERCHANT authorizes BANK or any of its agents to investigate the references provided or any other statements or data obtained from MERCHANT, from any of the undersigned individual credit or financial responsibility. You have a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.

AVERAGE TICKET SIZE: 38.00

AVERAGE MONTHLY VOLUME: 60,000

Each person certifies that the average ticket size and sales volume indicated is accurate and agrees that any transaction or monthly volume that exceeds either of the above amounts could result in delayed and/or withheld settlement of funds. Also, see paragraphs 5.4 and 16.3 of the MERCHANT Processing Agreement regarding suspension and termination of MERCHANT.

IMPORTANT NOTICE: All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant. Processor shall not be responsible for any change in printed terms unless specifically agreed to in writing by an officer of Processor and/or BMO Harris Bank, N.A., Chicago, IL. By signing below you are agreeing to the provisions stated within this merchant application, on the reverse side (the Merchant Agreement) and acknowledge receipt of the merchant operating guide. Those provisions must be read before signing. By signing below, you agree to the terms on the front and back of this MERCHANT Processing Agreement and the merchant operating guide.

Individual Guaranty - No Titles

As a primary inducement to Processor and Bank to enter into this Agreement, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, personally guarantees the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Processor and Bank under this Agreement or any other agreement currently in effect or in the future entered into between Merchant or its principals and Processor or Bank, as such agreements now exist or are amended from time to time, with or without notice. Guarantor(s) understands further that Processor or Bank may proceed directly against Guarantor(s) without first exhausting their remedies against any other person or entity responsible to it or any security held by Processor and Bank or Merchant. This guarantee will not be discharged or affected by the death of the undersigned, will bind all heirs, administrators, representatives and assigns and may be enforced by or for the benefit of any successor of Processor and Bank. Guarantor(s) understands that the Inducement to Processor and Bank to enter into this agreement is consideration for the guaranty, and that this guaranty remains in full force and effect even if the Guarantor(s) receive no additional benefit from the guaranty.

AGREED AND ACCEPTED

X 1/24/2013

#1 From Application - Signature

Date

X

#2 From Application - Signature

Date

For All Businesses - Business Resolution

The indicated officer(s) identified in numbers 1 and/or 2 below have the authorization to execute the MERCHANT Processing Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THIS AGREEMENT SHALL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY BANK AND A MERCHANT NUMBER IS ISSUED.

Sandstone Beach, LLC

Print Legal Name of Merchant Business:

1/24/2013

X #1 From Application - Signature

Date

X

#2 From Application - Signature

Date

X

Accepted by Processor

Date

X

Accepted by BMO Harris Bank, N.A., Chicago, IL

Date

Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL

Rev2, 10/01/2011

Page 2 of 10

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

1. Refund / Cancellation Policy
2. Privacy Policy
3. Terms & Conditions listed
4. Products & the Corresponding Pricing listed
5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
6. Telephone Customer Service contact number
7. Shipping & Handling method and shipping delivery time after the sale

URGENT!!!! You must contact your sales representative immediately upon completing the above 7 internet processing requirements!

Underwriting & Marketing Review: (Please answer the following questions as accurately as possible)

Submit sample(s) of product brochure, promotional materials, product catalogue, etc. How will product be advertised or promoted?

If advertising on Internet, list website address: www.sedonabeautydirect.com

Preferred 23 character (or less) DBA identifier (appears on customers' billing statement)

S b S * S e d o n a 8 8 8 9 7 8 2 8 4 8

List name(s) and address(es) of vendor from which the product is purchased:

TJ Richards - Longmont, CO and United One International Laboratories - Farmers Branch, TX

List name(s) and address(es) of third party or fulfillment organizations, or parties aside from your staff who will assist or participate with the sales, marketing, processing of orders, or shipping of merchandise:

ave Rock, 7702 E. Doubletree Ranch, Ste. 300, Scottsdale, AZ 85258

List geographical area(s) in which the product or service will be marketed and sold: US, Canada, UK

List carrier services that will deliver product or service: USPS

What is your return or refund policy? full refund of product price within 30 days of shipment date

How does the customer order the product or service? via the internet

When you receive an authorization, how long before merchandise is shipped or services are provided? same business day

Do you perform recurring monthly billing? ☒ Yes ☐ No If Yes, ☒ Monthly ☐ Quarterly ☐ Bi-annual ☐ Annual

Is your database collecting entire credit card numbers? ☒ Yes ☐ No If Yes, are you PCI compliant? ☒ Yes ☐ No

This amendment is made by & between BMO Harris Bank, N.A., Chicago, IL ('Bank'), & the undersigned "MERCHANT" & subject to the approval of BANK. WHEREAS: Bank is engaged in the general banking business including the purchase of Credit Card Transactions from merchants and provide certain services related to the processing of Credit Card Transactions to MERCHANT; and

WHEREAS: MERCHANT desires to honor at this business location(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/ services to customers; and

WHEREAS: BANK and MERCHANT has entered into BMO Harris Bank, N.A., Chicago, IL ('Bank') VISA/MasterCard Processing Agreement ('Agreement'). NOW THEREFORE in consideration of the representations, covenants, and promises made herein, the parties hereto agree to amend Agreement as follows:

1. MERCHANT agrees to use and retain proof of a traceable delivery system as means of shipment of product to customer.
2. MERCHANT agrees that transactions will not be processed until products are shipped to Cardholder.
3. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable.
4. Agreement may be immediately terminated by BANK if MERCHANT fails to comply with any of the terms of this agreement.

AGREED & ACCEPTED BY:

DATE: 1/24/2013

OWNER / OFFICER

Authorized BMO Harris Bank, N.A. Agent

Ryan McWilliams

Print Name

Print Name

SANDSTONE BEACH, LLC
3420 E Shea Blvd, Suite 200
Phoenix, AZ 85028

JPMORGAN CHASE BANK, NA
91-002/1221

1000

PAY TO THE
ORDER OF

\$

DOLLARS

MEMO

⑈001000⑈

⑈094⑈

SANDSTONE BEACH, LLC

1000

SANDSTONE BEACH, LLC

1000



TRANSUNION CONSUMER CREDIT REPORT

Subscriber Name: GLOBAL MERCH
 Subscriber Code/Market: F 5756620 12 01
 Results Issued: 2/08/13 14:00 CT

INPUT PARAMETERS FOR PRIMARY SUBJECT

Reference ID:
 SSN: [REDACTED]
 Name: mcWilliams, ryan
 Current Address: [REDACTED]
 Ft Lupton CO.80621

MCWILLIAMS , RYAN A.

Also Known As:

SSN: [REDACTED] Phone:
 Date of Birth: [REDACTED]/79

In File Since: 5/98

Current Address:

[REDACTED]
PLATTEVILLE CO. 80651

Reported 8/11

Previous Address:

[REDACTED]
PLATTEVILLE CO. 80651

Reported 7/11

Previous Address:

[REDACTED]
PLATTEVILLE CO. 80651

EMPLOYMENT

REV MTN

Position: WEB DEVELOPER

Start: 1/08
 End:

In File Since: 1/13
 Effective: 1/13

ALERTS AND SPECIAL MESSAGES

Type

Explanation

SCORING

Type

Score

Explanation

CREDIT INFORMATION Summary (Total History)

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



MERCHANT ACCOUNT CHANGE REQUEST FORM

CURRENT INFORMATION

DATE: 8/29 MID: [REDACTED] 8387
 DBA NAME: Sedona Beauty Direct
 LEGAL NAME: Sandstone Beach, LLC
 DBA ADDRESS: www.sedonabeautydirect.com

CHANGE(S) REQUESTED (Please check all applicable)

___ DBA Name: _____

___ DBA Address: _____

___ DBA Phone Number: _____

___ DBA Fax Number: _____

___ Mailing Address: _____

___ Email Address: _____

___ Web Address: _____

Bank Account Changes **Provide a Copy of a Pre-Printed Voided Check

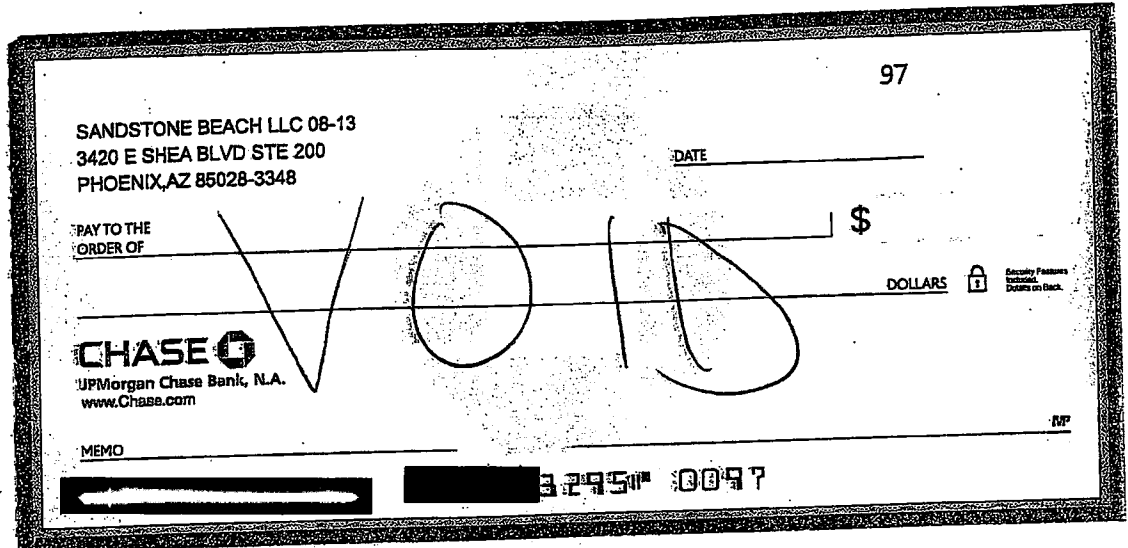
☒ New Routing Number: [REDACTED]

☒ New Account Number: [REDACTED] 3295

All changes that are requested must be signed by the person who signed the original merchant application. (Owner of the merchant account)

Print Name: Ryan McWilliams

Signature: [Signature]



**MERCHANT ACCOUNT CHANGE REQUEST FORM****CURRENT INFORMATION**

DATE: 6/10/15 MID: [REDACTED] 8387
DBA NAME: Sedona Beauty Direct
LEGAL NAME: Sandstone Beach, LLC
DBA ADDRESS: 3420 E. Shea Blvd., Ste 200, Phoenix, AZ 85028

CHANGE(S) REQUESTED (Please check all applicable)

___ DBA Name: _____

___ DBA Address: _____

___ DBA Phone Number: _____

___ DBA Fax Number: _____

___ Mailing Address: _____

___ Email Address: _____

___ Web Address: _____

Bank Account Changes **Provide a Copy of a Pre-Printed Voided Check

☒ New Routing Number: [REDACTED]
☒ New Account Number: [REDACTED] 2909

All changes that are requested must be signed by the person who signed the original merchant application. (Owner of the merchant account)

Print Name: Ryan McWilliams

Signature: [Signature]

FOR DEPOSIT ONLY - ALL OTHER SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPIING

Sandstone Beach, LLC 3420 E Shea Blvd, Suite 200 Phoenix, AZ 85028	GUARANTY BANK AND TRUST COMPANY 23-086/1020	1000
PAY TO THE ORDER OF _____		\$ _____
_____		DOLLARS
MEMO _____		
VOID		
⑈00 1000⑈ [REDACTED] 2909⑈		

Details on Back Intuit® CheckLock™ Secure Check

Sandstone Beach, LLC

1000

Sandstone Beach, LLC

1000

PAYMENT
RECORD

SANDSTONE BEACH LLC
3420 E SHEA BLVE STE 200
Phoenix, AZ 85028

09901

DATE

90-78/1211

PAY TO THE
ORDER OF

VOID

\$

DOLLARS



BANK OF AMERICA

PO BOX 1907
MS OF, CO 80544
1-800-441-2265

FOR



1826 09901

993

Solid Ice, LLC
1100 E Warner Rd. Ste 101
Gilbert, AZ 85296

PAY TO THE
ORDER OF

DATE

\$

DOLLARS

Great Western Bank

FOR

⑈000993⑈

⑈9520⑈

78-873
914 568

87